
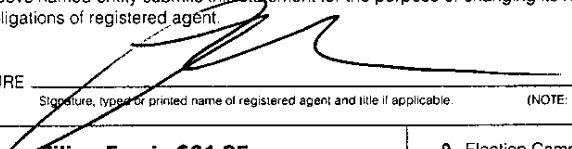
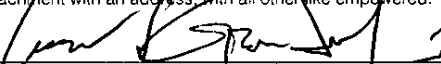


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90209 050 ****61.25

DOCUMENT # N94000001317					
1. Entity Name REGAL SHORES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0509504	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWATT, MYRON PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name <u>Louis Caplan & Sachs, Sax, Klein</u> Street Address (P.O. Box Number is Not Acceptable) <u>301 Yamato Road Ste. 4150</u> City <u>Boca Raton FL</u> Zip Code <u>33431</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/20/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME GURKIN, MARTY	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME WEISSMAN JACK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5938 CRYSTAL SHORES DR #203	BOYNTON BEACH, FL 33437		STREET ADDRESS 5914 REGAL GLEN DR #108	BOYNTON BEACH, FL 33437	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE D	NAME ZUCKER, SARAH	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME SHIELD-FOX HELEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5810 CRYSTAL SHORES DR. #402	BOYNTON BEACH, FL 33437		STREET ADDRESS 5746 CRYSTAL SHORES DR #203	BOYNTON BEACH, FL 33437	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE D	NAME WEISSMAN, JACK	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5914 REGAL GLEN DR., #108	BOYNTON BEACH, FL 33437		STREET ADDRESS	_____	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	_____	
TITLE SD	NAME MARKLEY, MARION	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME ZUCKER SARAH H.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5810 CRYSTAL SHORES DR #403	BOYNTON BEACH, FL 33437		STREET ADDRESS 5810 CRYSTAL SHORES DR #402	BOYNTON BEACH, FL 33437	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE VPD	NAME POLANSKY, BURT	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME GROSSDORF, IRWIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5874 CRYSTAL SHORES DR	BOYNTON BEACH, FL 33437		STREET ADDRESS 5874 CRYSTAL SHORES DR	BOYNTON BEACH, FL 33437	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE D	NAME ROXENBERG, DON	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5906 CRYSTAL SHORES DR	BOYNTON BEACH, FL 33437		STREET ADDRESS	_____	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE <u>4-14-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		