

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90142 001 *****6.72
04-11-2007 90142 002 *****54.53

66008850



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0509504 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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
CAS @ CORAL LAKES
12751 EL CLAIRE RANCH RD
BOYNTON BEACH, FL 33437

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

12751 EL CLAIRE RANCH RD.

City & State City & State

BOYNTON BEACH, FL

Zip 33463 Country Country

6. Name and Address of Current Registered Agent

MASQUELIER, MELISSA
C/O CAS @ CORAL LAKES
12751 EL CLAIRE RANCH RD
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

ADMINISTRATIVE ASSISTANT
(NOTE: Registered Agent signature required when reinstating)

3/26/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	IRWIN, KEN	
STREET ADDRESS	5810 CRYSTAL SHORES DR APT 103	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHIELD-FOX, HELEN	
STREET ADDRESS	5746 CRYSTAL SHORES DR #203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZUCKER, SARAH H	
STREET ADDRESS	5810 CRYSTAL SHORES DR. #402	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VPD 2ND	<input type="checkbox"/> Delete
NAME	GROSSDORF, IRWIN	
STREET ADDRESS	5874 CRYSTAL SHORES DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MAGO, JOSEPH	
STREET ADDRESS	5842 CRYSTAL SHORES DR APT 305	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VPD DIRECTOR	<input type="checkbox"/> Delete
NAME	POLANSKY, BURT	
STREET ADDRESS	5874 CRYSTAL SHORES DR APT 208	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTY GURKIN	
STREET ADDRESS	5938 CRYSTAL SHORES DR. # 203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VP DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING REIN	
STREET ADDRESS	5906 CRYSTAL PONTE DR. # 405	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kenneth Irwin* Kenneth Irwin Pres. 4/4/07 561-638-8449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #