


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90033 001 \*\*\*\*\*54.53  
02-13-2008 90033 002 \*\*\*\*\*6.72

<b>DOCUMENT # N94000001317</b>	
1. Entity Name <b>REGAL SHORES CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>CAS @ CORAL LAKES 12751 EL CLAIR RANCH RD BOYTON BEACH, FL 33463</b>	Mailing Address <b>CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437</b>
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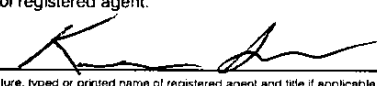
2. Principal Place of Business - No P.O. Box # <b>CAMPBELL PROP. MANAGEMENT @ Coral Lakes</b>	3. Mailing Address <b>@ Coral Lakes</b>
Suite, Apt. #, etc. <b>12751 EL CLAIR RANCH RD</b>	Suite, Apt. #, etc. <b>SAME</b>
City & State <b>BOYNTON BEACH, FL</b>	City & State
Zip <b>33437</b>	Country <b>USA</b>



01022008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0509504</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MASQUELIER, MELISSA C/O CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437</b>	
7. Name and Address of New Registered Agent Name <b>KEN IRWIN</b> Street Address (P.O. Box Number is not acceptable) <b>5810 # 103 Crystal Shores Dr</b> City <b>Boynton Beach</b> FL Zip Code <b>33437</b>	

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  DATE **2/6/08**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P IRWIN, KEN 5810 CRYSTAL SHORES DR APT 103 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD SHIELD-FOX, HELEN 5746 CRYSTAL SHORES DR #203 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD ZUCKER, SARAH H 5810 CRYSTAL SHORES DR. #402 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>NVD GROSSDORF, IRWIN 5874 CRYSTAL SHORES DR BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete <b>2nd V.P.</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1V GURKIN, MARTY 5938 CRYSTAL SHORES DR. #203 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D POLANSKY, BURT 5874 CRYSTAL SHORES DR APT 208 BOYNTON BEACH, FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2/6/08** (571) 638-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR