



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90079 005 ****61.25

DOCUMENT # N95000000771 1. Entity Name REGENT PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 663 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228			Mailing Address 663 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03152005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0686562	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CORY, JAYNE 663 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228		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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SKAFF, KAREM 675 LONGBOAT CLUB RD #23A LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL WRIGHT 675 Longboat Club Rd #22A Longboat Key FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHLERS, AL 750 N PROSPECT PARK RIDGE, IL 60068	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPB MICHAEL Kubicki 655 longboat Club Rd PHIB longboat Key FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYERS, RALPH 675 LONGBOAT CLUB RD PH2A LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/PD DAVID Herche 655 longboat Club Rd #17A Longboat Key FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTARELLI, ANTHONY 675 LONGBOAT CLUB RD #28B LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE English 675 longboat Club Rd #29B longboat Key FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAZER, ROBERT 655 LONGBOAT CLUB RD 13A LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerald Allen 655 longboat Club Rd #18B Longboat Key FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input 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 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: <i>Michael Wright</i>			3-16-05		941-387-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #