

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90219 025 ****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**

20037576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0686562

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORY, JAYNE
663 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228**

Name **William Harold**
Street Address (P.O. Box Number is Not Acceptable)
5500 Marina Drive
Suite 1
City **Holmes Beach** FL Zip Code **34217**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, MICHAEL 675 LONGBOAT CLUB RD. #22A LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPB KUBICKI, MICHAEL 655 LONGBOAT CLUB RD PH1B LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS HERCHE, DAVID 655 LONGBOAT CLUB RD #17A LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, LAWRENCE 675 LONGBOAT CLUB RD #29B LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, GERALD 655 LONG BOAT CLUB RD. #18B LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL MORTON 675 LONGBOAT CLUB RD #24B LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06 941-387-9425

Date

Daytime Phone #