

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005232

1. Entity Name
**THE MANORS OF REGAL LAKE CONDOMINIUM
ASSOCIATION, 1994 INC.**



Principal Place of Business
**187 FOREST LAKES BLVD
NAPLES, FL 34105 US**

Mailing Address
**187 FOREST LAKES BLVD
NAPLES, FL 34105 US**



04152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0623483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRACEY, ROBERT
187 FOREST LAKES BLVD
NAPLES, FL 34105**

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGT, DENNIS 1064 MANOR LAKE DR, # 101-B NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVITO, JOSEPH 1032 MANOR LAKE DRIVE SUITE D202 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAGGETT, COY 1112 MANOR LAKES DR #204 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISPOLI, JAMES 1127 MANOR LAKE DR G 104 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEYEN, GERALD 1064 MANOR LAKE DRIVE SUITE G102 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADER, ROBERT 1112 MANOR LAKE DR #104 NAPLES, FL 34110

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05/13/08-80057-022 61.25

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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:

Robert Mader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

Daytime Phone #