2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002067

FILED Feb 08, 2006 Secretary of State

Entity Na	me: REGAL	CENTER PROPERTY OWNER	RS ASSOCIATION, INC.	
Current Principal Place of Business:			New Principal Place of Business:	
2920 MAR PALM BE	RY'S WAY ACH GARDEN	IS, FL 33410		
Current Mailing Address:			New Mailing Address:	
2920 MAR PALM BE	RY'S WAY ACH GARDEN	IS, FL 33410		
FEI Number	r: 65-0909460	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
HAMBY, LOUIS L III 321 ROYAL POINCIANA PLAZA PLAM BEACH, FL 33480 US			HAMBY, LOUIS L III 340 ROYAL POINCIANA WAY SUITE 321 PALM BEACH, FL 33480 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its regis	tered office or registered agent, or both,
SIGNATURE:				02/08/2006
Electronic Signature of Registered Ager			ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ELLIOTT, RIC 2920 MARY'S		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ELLIOTT, GRA 2920 MARY'S		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ELLIOTT, PAT 2920 MARY'S		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. ELLIOTT D 02/08/2006