## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30857

Entity Name: REGENT'S PLACE AT BEAR LAKES HOMEOWNER'S

ASSOCIATION, INC.

**Current Principal Place of Business:** 

2055 REGENTS CIRCLE WEST PALM BEACH, FL 33409

**Current Mailing Address:** 

C/O ACCOUNTABILITY SPECIALIST INC 8409 N MILITART TRAIL, 118 PALM BEACH GARDENS, FL 33410

FEI Number: 65-0435519 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURLEE, EDWARD 2055 REGENTS CIRCLE WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 24, 2014

**Secretary of State** 

CC1125101174

## Officer/Director Detail:

Title **TREASURER** Title DIRECTOR Name BURNETTE, BRENDA Name LEWIS, MAX

Address 2135 REGENTS BLVD Address 2193 REGENTS CIRCLE

WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip:

Title **DIRECTOR** Title PD, PRESIDENT Name YOUCHAK, TOM Name CURLEE, EDWARD Address 2055 REGENT BLVD Address 2169 REGENTS BLVD

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: W PALM BEACH FL 33409

Title **SECRETARY** Title Name BRODY, SHEILA Name BURNS, HELEN Address 2099 REGENTS BLVD Address 2171 REGENTS BLVD

WEST PALM BEACH FL 33409 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33409

I hereby 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 all other like empowered.

03/24/2014 SIGNATURE: EDWARD CURLEE PRESIDENT