

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90044 016 \*\*\*\*61.25

**DOCUMENT # 705769**

1. Entity Name

REGENCY HOUSE, INC.



Principal Place of Business

2829 N.E. 30TH STREET  
FORT, LAUDERDALE FL 33306-1953

Mailing Address

2829 N.E. 30TH STREET  
FORT, LAUDERDALE FL 33306-1953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-1159328

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

PIRICH, DIANA E  
2419 MIDDLE RIVER DRIVE  
FORT LAUDERDALE FL 33305-2728

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME PIRICH, MICHAEL E ☐ Delete  
STREET ADDRESS 2419 MIDDLE RIVER DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33305-2728

TITLE DVP ☒ Change ☐ Addition  
NAME PIRICH, MICHAEL E.  
STREET ADDRESS 2419 MIDDLE RIVER DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33305-2728

TITLE DV ☒ Delete  
NAME VARTAVIAN, JANICE E  
STREET ADDRESS 2829 NE 36 STREET, #307  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE DSP ☐ Change ☒ Addition  
NAME JABLONSKI, JOHN J.  
STREET ADDRESS 2829 NE 30 STREET #306  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE DST ☐ Delete  
NAME PIRICH, DIANA E  
STREET ADDRESS 2419 MIDDLE RIVER DR  
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DAT ☒ Delete  
NAME GABRIELLI, EDUARDO  
STREET ADDRESS 2829 NE 30TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DAT ☐ Change ☒ Addition  
NAME VALLIER, DEBORAH  
STREET ADDRESS 2829 NE 30 STREET #206  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE DAS ☒ Delete  
NAME MANSOUR, DEBORAH  
STREET ADDRESS 2829 NE 30TH STREET #303  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE DAS ☐ Change ☒ Addition  
NAME HOPWOOD, JOHN R.  
STREET ADDRESS 2829 NE 30 STREET, #205  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Diana E. Pirich* DIANA E. PIRICH, Sec/Treas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 954-566-9539  
Date Daytime Phone #