

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90004 035 ****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 8360 W Oakland Park Blvd		3. Mailing Address PO BOX 452199	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33351		Zip 33345-2199	
Country Broward		Country Broward	
4. FEI Number 59-1159328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIRICH, DIANA E 2419 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33305-2728		7. Name and Address of New Registered Agent Name John W Jablonski Street Address (P.O. Box Number is Not Acceptable) 2829 NE 30 ST #306 City Fort Lauderdale, FL 33306 Zip Code FL	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Vice President John W Jablonski </div> <div style="width: 20%; text-align: right;"> 5/18/06 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DVP HOPWOOD, J R 2829 NE 30 STREET #205 FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gary Perullo 424 Westfield Rd Scotch Plains, NJ 07076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JABLONSKI, JOHN W 2829 NE 30 ST., #306 FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Jodi Assante 424 Westfield Rd Scotch Plains, NJ 07076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PIRICH, DIANA E 2419 MIDDLE RIVER DR FT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP John W. Jablonski 2829 NE 30 ST #306 Fort Lauderdale FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT VARTANIAN, JANICE E 2829 NE 30 STREET #307 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Paul Lyons 2829 NE 30 ST #206 Fort Lauderdale FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS LYONS, PAUL 2829 NE 30 STREET APT 206 FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 877-718-6342 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			