


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752465** (5)  
1. Corporation Name

**THE REGENCY OF ST. PETERSBURG, INC.**



Principal Place of Business <b>1700 66TH STREET NORTH SUITE 207 ST. PETERSBURG FL 33743</b>	Mailing Address <b>1700 66TH STREET NORTH SUITE 207 ST. PETERSBURG FL 33710-5510</b>
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3. Date Incorporated or Qualified <b>05/13/1980</b>	3a. Date of Last Report <b>05/02/1996</b>
4. FEI Number <b>59-2134404</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**LISHEID, DEBRA R.  
C/O CONDOMINIUM MGMT.  
1700 66TH ST. N., SUITE 207  
ST. PETERSBURG FL 33743**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>MATTIOLI, LOUIS</b>	
STREET ADDRESS	<b>P.O. BOX 66324 N/A</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG BEACH FL</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/>
NAME	<b>BUTLER, HELEN</b>	
STREET ADDRESS	<b>1860 MASSACHUSETTS #101</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MATTIOLI, TINA</b>	
STREET ADDRESS	<b>P.O. BOX 66324 N/A</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>SKAKEL, IAN</b>	
STREET ADDRESS	<b>1860 MASSACHUSETTS #101</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MATTIOLI, MARK</b>	
STREET ADDRESS	<b>P.O. BOX 66324 N/A</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG BEACH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	<b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SKAKEL, IAN</b>	
1.3 STREET ADDRESS	<b>1860 Massachusetts Ave. N.E. # 218</b>	
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	
2.1 TITLE	<b>Vice-President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DICKI, SUSAN</b>	
2.3 STREET ADDRESS	<b>1860 Massachusetts Ave N.E. # 210</b>	
2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	
3.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JONES, NARDD D.</b>	
3.3 STREET ADDRESS	<b>1860 Massachusetts Ave N.E. # 202</b>	
3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>	
4.1 TITLE	<b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BUTLER, HELEN P.</b>	
4.3 STREET ADDRESS	<b>1860 Massachusetts Ave N.E. # 101</b>	
4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>	
5.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>McNeil, ALICE</b>	
5.3 STREET ADDRESS	<b>1860 Massachusetts Ave N.E. # 204</b>	
5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **APR 03 1997**

CR2E037 (9/96)