

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 AM 11:41

DOCUMENT # **V53356** (4)

1. Corporation Name  
**REGENCY PLAZA JACKSONVILLE, INC.**

Principal Place of Business	Mailing Address
23 HERITAGE LANE LEXINGTON MA 02173 US	23 HERITAGE DR LEXINGTON MA 02173 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/27/1992</b>	3a. Date of Last Report <b>04/19/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0368069</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21 State Apt # etc	26 State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/>	\$9.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	25 Country	28 Zip	29 Country	30
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>DICKERMAN, SANDRA 700 TERN POINT CIRCLE BOCA RATON FL 33431</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Applicant (Agent or Proposed Name of Registered Agent) and the Applicant

DATE Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKERMAN, SANDRA</b>	2. NAME	
STREET ADDRESS	<b>700 TEN POINT CIR</b>	3. STREET ADDRESS	
CITY ST ZIP	<b>BOCA RATON FL</b>	4. CITY ST ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra P. Dickerman* Sandra P. Dickerman 617-862-2862  
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR