

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 338659

1. Corporation Name

REGENCY HEIGHTS FOR MOBILE HOMES, INC.

Principal Place of Business

570 TALLAHASSEE DR., N.E.  
ST. PETERSBURG FL 33702

Mailing Address

570 TALLAHASSEE DR., N.E.  
ST. PETERSBURG FL 33702

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ERICSON, HARDY  
570 TALLAHASSEE DR., N.E.  
ST. PETERSBURG FL 33702

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required for Block 12)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [ ] DELETE

NAME ERICSON, HARDY  
STREET ADDRESS 570 TALLAHASSEE DR NE  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE SD [ ] DELETE

NAME BATTS, LARRY  
STREET ADDRESS 2113 CENTERVIEW CT S  
CITY-ST-ZIP CLEARWATER FL

TITLE VD [ ] DELETE

NAME BABCOCK, CHRISTINE  
STREET ADDRESS 1886 BRIGHTWATER BLVD  
CITY-ST-ZIP ST PETERSBURG FL

TITLE TD [ ] DELETE

NAME SWEET, CHARLES  
STREET ADDRESS 4977 OXFORD AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE SD [ ] DELETE

NAME SAUERS, MARJORIE  
STREET ADDRESS 803 N SHORE DR NE, SUITE 7D  
CITY-ST-ZIP ST PETERSBURG, FL 00000 33701

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. 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 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, with all other like empowered

SIGNATURE: *Hardy Ericson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2128199 127-576-1946

FILED  
OCT 10 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1968

4. FEI Number

33-8659621

Applied For  
Not Applicable

5. Certificate of Status Desired [ ]

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution [ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

8000002807588-7  
03/18/99-01050-004  
\*\*\*\*150.00 \*\*\*\*150.00

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CR2E034 (11/98)