

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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90053 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 535661**

1. Corporation Name  
**REGENCY COMMUNITIES, INC.**

Principal Place of Business  
6709 RIDGE ROAD  
6709 RIDGE RD STE 200  
PORT RICHEY FL 34668-3890

Mailing Address  
6709 RIDGE ROAD  
6709 RIDGE RD STE 200  
PORT RICHEY FL 34668-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/25/1977**

4. FEI Number  
**59-1741950**

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

2. Principal Place of Business  
21 26750 US Highway 19N

2a. Mailing Address  
26 11000 Broken Land Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 301

27 C915

City & State

City & State

23 Clearwater, FL

28 Columbia, MD

Zip

Country

Zip

Country

24 33761

25

USA

29 21044

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, JOHN E  
6709 RIDGE ROAD  
PORT RICHEY FL 34668

81 Name  
Corporation Service Company

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

83

84 City  
Tallahassee

85 Zip Code  
FL 32301

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 Corporation Service Company

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE  
NAME SLEEMAN, GEORGE K.  
STREET ADDRESS 6709 RIDGE ROAD  
CITY-ST-ZIP PORT RICHEY FL

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME John Garrity  
1.3 STREET ADDRESS 26750 US Highway 19N, Suite 301  
1.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE PD ☒ DELETE  
NAME HUDSON, JOHN E.  
STREET ADDRESS 6709 RIDGE ROAD  
CITY-ST-ZIP PORT RICHEY FL

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME William Wright  
2.3 STREET ADDRESS 26750 US Highway 19N, Suite 301  
2.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE S ☒ DELETE  
NAME SILVA, SUSAN  
STREET ADDRESS 6709 RIDGE RD  
CITY-ST-ZIP PORT RICHEY FL

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME Timothy J. Geckle  
3.3 STREET ADDRESS 11000 Broken Land Parkway  
3.4 CITY-ST-ZIP Columbia, MD 21044

TITLE VT ☐ DELETE  
NAME NORTON, DAVID C.  
STREET ADDRESS 6709 RIDGE RD.  
CITY-ST-ZIP PORT RICHEY FL

4.1 TITLE AS ☒ Change ☐ Addition  
4.2 NAME David C. Norton  
4.3 STREET ADDRESS 26750 US Highway 19N, Suite 301  
4.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE AT ☐ Change ☒ Addition  
5.2 NAME Rene L. Mentch  
5.3 STREET ADDRESS 11000 Broken Land Parkway  
5.4 CITY-ST-ZIP Columbia, MD 21044

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99

410-715-7059

Date

Daytime Phone #

CR2E034 (11/98)

0502084