PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01689

1. Corporation Name

REGENCY VILLAGE, INC.

										ABAA BIBAI BIGII	 	
Principal Pla	ace of Business		Ma	ailing Address					1816 8 6861 818 61 8	1411 918H 918H	BIBN BIBN 1881	
40 CUTTERM	ILL RD		40	CUTTERMILL RD							١	
SUITE 201				SUITE 201			ĺ	·				
GREAT NECK NY 11021 US				GREAT NECK NY 11021				DO NOT WRITE IN THIS SPACE				
03			US				[3. Date Incorporated or Qualifed	- -		<u> </u>	
						<u>.</u>		10/15/1980				
⊢	Place of Busines	SS	2a.	Mailing Address				4. FEI Number		A	pplied For	
21			26			_		<u>59-2049812</u>			ot Applicable	
Suite, Ap	ot. #, etc.		<u> </u>	Suite, Apt. #, etc.		-		5. Certifcate of Status Desired			Additional	
22			27					5. Certificate of Status Desired		-	equired	
City & Sta	ate		Ь	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		<u> </u>	28					Trust Fund Contribution			to Fees	
Zip	_	Country	<u> </u>	Zip		intry		8. This corporation owes the cur	rent year Inta	angible		
24	[25	<u> </u>	29		30			Personal Property Tax.		Yes	XNo	
	9. Name ar	nd Address of Curr		ered Agent	····	<u> </u>		10. Name and Address of New I	Registered A	Agent		
СТ	CORPORATIO	N CVCTEN	Ţ.			81 Name	€					
CT CORPORATION SYSTEM				·			Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				ļ			r radios	(1.0. box Namber is Not Accept	abie)			
PLA	MAINION PE	33324				83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	19.1 (8.1)	111 601	31 (17)	
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	**					84 City		· ·	Fi	1 1 1	Code	
11. Pursuan	t to the provision	s of Sections 607.05	02 and 60	7.1508, Florida Statu	ites, the a	ove-name	corpora	tion submits this statement for the board of directors. I hereby accept	purpose of c	hanging its	registered	
οπice or agent. I	registered agent am familiar with.	, or both, in the Stat and accept the oblid	e of Florida	i. Such change was Section 607.0505, Fl	authorized	by the corp	oration's	board of directors. I hereby accept	pt the appoint	tment as re	gistered	
SIGNATURE		and aroupt the cong	,	3000011 001.0303, 11	Origa Stati	nes.						
SIGNATURE		rinted name of registered ag	jent and title if a	applicable. (NOT	E: Registered	Agent signature	required who	90 reiostating)	DATE			
12.		OFFICERS A	ND DIDEC			-		g, .				
			IND DIREC	TORS	13.			ADDITIONS/CHANGES TO OF		DIRECTO	PS IN 12	
TITLE	PTD	1	IND DIREC	TORS DELETE	13. 1.1 TR	LE	T	ADDITIONS/CHANGES TO OF				
name	PTD VALERI, CAR	1	IND DIREC		_			ADDITIONS/CHANGES TO OF		DIRECTO Change	DRS IN 12.	
	VALERI, CAF	1	IND DIREC		1.1 TIT 1.2 NA	ME						
NAME	VALERI, CAF 150 E 58TH	RL (S) ST STE 3400	IND DIREC		1.1 TR 1.2 NA 1.3 ST	ME REET ADDRESS						
NAME STREET ADDRESS	VALERI, CAF	RL (S) ST STE 3400	IND DIREC		1.4 TR 1.2 NA 1.3 ST 1.4 CR	ME REET ADDRESS Y-ST-ZIP			FICERS AND	Change	☐ Addition	
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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 affactment with an address, with all other like empowered.

FILED

Feb 08, 1999 8:00am

Secretary of State

- I (URIINE III) EERRI (REID ERIKE ERIKE) IRRIA (ERIK ERIKE ERIKE ERIKE ERIKE ERIKI ERIKE ERIKE ERIKE) DESK

02-08-1999 90060 049 ***150.00

SIGNATURE:

CITY-ST-ZIP I V J. J.

EREQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #