## 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 # **G63425**

1. Corporation Name

REGIS APARTMENTS INC

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90067 030 \*\*\*150.00

Principal Place	e of Business	M	ailing Address				1 120111			
5647 S PLEASANT GROVE ROAD 5647 S PLEASANT GROVE R										
INVERNESS FL	34452	IN	/ERNESS FL 34452				DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualifed	L		
							10/04/1983			
2. Princinal P	face of Business	2a.	Mailing Address				4. FEI Number		Арр	lied For
_ '		26	,				59-2341520		Not	Applicable
Suite, Apt.	#, etc.	20	Suite, Apt. #, etc.					\$8.7		ditional
22	,	27			سد د س		5. Certificate of Status Desired	Fe	e Req	wired
City & Stat	e		City & State	,,,,,,,			6. Election Campaign Financing	\$5.	00 N	May Be
23		28					Trust Fund Contribution		ded to	
Zip	Country		Zip	Countr	у		8. This corporation owes the current year In		_	_
24	25	29		30			Personal Property Tax.	☐ Yes		No
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New Registered	Agent		
	COLUMN BALLINE			81	Name	•				
	COURT, PAULINE L			82	2 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)			
	E. TENISON ST.							<u> </u>		
INVE	RNESS FL 34452			83	3					
				84	City			85	Zip Co	ode
				-	1		<u>FL</u>	- , ,		
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statute	es, the above	e-name	d corpoi	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	f changin intment a	g its r is regi	egistered istered
office or r agent. I a	egistered agent, or both, in the State of the miliar with, and accept the obligation	or Flori	, Section 607.0505, Flor	ida Statute	s.	poration	is board of directors. Thereby accept the appe	manone c	o logi	0.0700
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agen				nt signature	required t	when reinstating) DATE			
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PTD									
NAME	*		☐ DELETE	1.1 TITLE				☐ Cha	rige	Addition
	RANCOURT, PAULINE L.		□ DELETE	1.1 TITLE 1.2 NAME				☐ Cha	rigo	Addition
STREET ADDRESS	RANCOURT, PAULINE L. 6020 TENISON ST.		☐ DELETE	1.2 NAME	ET ADDRES	s		☐ Cha	rige	_ Addition
STREET ADDRESS CITY-ST-ZIP	RANCOURT, PAULINE L.			1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRES	s				<del>.</del>
	RANCOURT, PAULINE L. 6020 TENISON ST.		DELETE	1.2 NAME	ET ADDRES	S		☐ Cha		Addition
CITY-ST-ZIP	RANCOURT, PAULINE L. 6020 TENISON ST. INVERNESS, FL 00000 D MCBRIDE, JANE C			1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRES	()	· .			<del>.</del> 
CITY-ST-ZIP	RANCOURT, PAULINE L. 6020 TENISON ST. INVERNESS, FL 00000  D MCBRIDE, JANE C 540 GENTIAN RD.			1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRES		· · · · · · · · · · · · · · · · · · ·			<del>.</del> 
CITY-ST-ZIP TITLE NAME	RANCOURT, PAULINE L. 6020 TENISON ST. INVERNESS, FL 00000 D MCBRIDE, JANE C	-	□ DELETE	1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRES	S		☐ Cha	nge	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	RANCOURT, PAULINE L. 6020 TENISON ST. INVERNESS, FL 00000  D MCBRIDE, JANE C 540 GENTIAN RD. ST. AUGUSTINE FL SVTD	-		1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ET ADDRES	s	'TD		nge	<del>.</del> 
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RANCOURT, PAULINE L. 6020 TENISON ST. INVERNESS, FL 00000  D MCBRIDE, JANE C 540 GENTIAN RD. ST. AUGUSTINE FL SVTD	-	□ DELETE	1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	SV RA	ANCOURT, VIRGINIA 18 302 FERN HOLLOW RD	☐ Cha	nge	Addition
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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: 5