


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90206 037 \*\*\*150.00

<b>DOCUMENT # J06535</b> 1. Entity Name <b>REGENCY HOMES, INC.</b>	
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Principal Place of Business <b>2840 UNIVERSITY DR. CORAL SPRINGS, FL 33065</b>	Mailing Address <b>2840 UNIVERSITY DR. CORAL SPRINGS, FL 33065</b>
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**40037288**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2642560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>GILLESPIE, R. BOWEN 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MARTZ, BEN L 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVINE, DAVID 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAIGO, RANDY 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>2-26-08</b> Daytime Phone # _____