

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06535

Entity Name: REGENCY HOMES, INC.

FILED  
Mar 04, 2009  
Secretary of State

**Current Principal Place of Business:**

2840 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2840 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 59-2642560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLESPIE, R. BOWEN  
1515 SOUTH FEDERAL HIGHWAY, SUITE 300  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

GILLESPIE, R. BOWEN  
7601 NORTH FEDERAL H WAY  
165 A  
BOCA RATON, FL 334 US

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.

SIGNATURE:

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MARTZ, BEN L  
Address: 2840 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL

Title: P ( ) Delete  
Name: LEVINE, DAVID,  
Address: 2840 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL

Title: V ( ) Delete  
Name: PAIGO, RANDY  
Address: 2840 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEVINE

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date