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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J75303 1. Corporation Name

REGENCY HOME DEVELOPERS, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90005 038 ***150.00



| | | 1 | | | | |
|---|--|--|---|--|--|--|
| Principal Place | of Business | Mailing Address | | | - I (Billie etti (Ben entes usu essà | S (114 E4E1) SIGN GIGH GIBN SEEN SIGN GAS |
| | | % MILTON KLEINMAN | | | | |
| % MILTON KLEII 6875 WILLOW W | | 6875 WILLOW WOOD DR #2072 | | | | |
| BOCA RATON F | | BOCA RATON FL 33434 | | DO NOT WRITE IN THIS SPACE | | |
| US | | r US | | | 3. Date Incorporated or Qualifed | 1 |
| * | , | · | | | 06/01/1987 | · · · · · · · · · · · · · · · · · · · |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | · | 26 | | | 65-0060936 | Not Applicable |
| Suite, Apt. # | t, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | | | |
| City & State | • | City & State | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 | <u> </u> | . 28 | | · | Trust Fund Contribution | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax Yes No | | |
| 24 | 25 | . = 0 | 30 | | Personal Property Tax. 10. Name and Address of New R | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New N | sgistered rigori. |
| | ARABA BIRTAN | <u> </u> | 81 | | | |
| KLEI | NMAN, MILTON | 4 | 82 | Street Addre | ess (P.O. Box Number is Not Acceptal | ble) |
| | WILLOW WOOD DR #2072 | , | | _ | 974 - 1975 - 197 | 77 71 712 774 775 2 4 7 7 7 8 2 8 2 2 |
| BOC | A RATON FL 33434 | 3 | 83 | 1 | The state of the s | 清清·14 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| • | | | 84 | City | | 85 Zip Code |
| | • | Y Section Comments | | <u> </u> | oration submits this statement for the | FL |
| CICNATUDE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: F | | | oration submits this statement for the poly's board of directors. I hereby accept dwhen reinstating). | DATE FICERS AND DIRECTORS IN 12 |
| 12. | OFFICERS ANI | D DIRECTORS DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition |
| TITLE | PD | .; | 1.2 NAME | | A District State of the Control of t | |
| NAME | KLEINMAN, MILTON | ; 10 | | | | · |
| STREET ADDRESS | 6875 WILLOW WOOD DR #207 | 2 | 1 | ET ADORESS | • | |
| CITY-ST-ZIP | BOCA RATON FL | DELETE | 1.4 CITY-S 2.1 TITLE | 81-219 | | ☐ Change ☐ Addition |
| TITLE . | | ii Deceie | | - | | |
| NAME | • | , | 2.2 NAME | | 4 | |
| STREET ADDRESS | | | 2.3 STREE | ET ADDRESS I | | ì |
| CITY-ST-ZIP | g y year year | The state of the s | | | | |
| TITLE (1.13) | \ | El Bellete | 2.4 CITY- | ST-ZIP | <u> </u> | . Change Addition |
| NAME (OC. | · 经额益权 。 470 克克雷 | DELETE | 3.1 TITLE | ST-ZIP | | ☐ Change ☐ Addition |
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| STREET ADDRESS CITY-ST-ZIP | 付開発性。 (特別) 10年 - 東京社会会 - 1000 オール・ファイン 本 統領を対象。 2000 オール・ファイン | • | 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- | ST-ZIP ET ADORESS -ST-ZIP | | ☐ Change ☐ Addition |
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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: