FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L51218** **(0)**

1. Corporation Name
REGENCY DEVELOPMENT OF MARCO ISLAND, INC.

Principal Place of Business	Mailing Address
500 SO. COLLIER BLVD. MARCO ISLAND FL 33937 US	% MALCOLM CHAFETZ ESQ 350 5TH AVE. STE 6304 NEW YORK NY 10118 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/14/1990**
3a. Date of Last Report: **08/05/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
County
24
Zip
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0173176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

PARRY, TIMOTHY R. ESQ
C/O HARTER, SECREST & EMERY
800 LAUREL OAK DRIVE STE 500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVITT, MORTIMER	1.2 NAME	
STREET ADDRESS	500 S COLLIER BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAIFETZ, MALCOLM	2.2 NAME	
STREET ADDRESS	350 5TH AVE. STE 6304	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10118	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAIFETZ, LAWRENCE	3.2 NAME	
STREET ADDRESS	350 5TH AVE. STE 6304	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10118	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	PARKEY, WILLAM D.	4.2 NAME	
STREET ADDRESS	500 SOUTH COLLIER BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33937	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)