

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L51218** (0)
1. Corporation Name
REGENCY DEVELOPMENT OF MARCO ISLAND, INC.



Principal Place of Business
**500 SO. COLLIER BLVD.
MARCO ISLAND FL 33937
US**

Mailing Address
**% MALCOLM CHIFETZ, ESQ
950 9TH AVE. STE 6304
NEW YORK NY 10118
US**

3. Date Incorporated or Qualified
02/14/1990

3a. Date of Last Report
04/21/1995

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**

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

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

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

402-412 Rt 23
FRANKLIN, NJ
07416
USA

9. 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
85 Zip Code
FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing agent)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	
NAME	CHAFETZ, 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	
NAME	CHAFETZ, 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	
NAME	PARKEY, WILLIAM 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	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William D. Parkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 August 96
Date

407-657-2463
Daytime Phone #

CR2E034 (3/96)