## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L51218 1. Entity Name 04-26-2004 90575 011 \*\*\*150.00 REGENCY DEVELOPMENT OF MARCO ISLAND, INC. Principal Place of Business Mailing Address C/O LEVITT PROPERTIES C/O LEVITT PROPERTIES 94066840 402-412 RT. 23 402-412 TR. 23 FRANKLIN NJ 07416 FRANKLIN NJ 07416 2. Principal Place of Business 3. Mailing Address 100 QuarruRd Suite, Apt. #, etc. CR2E034 (11/03) MOORE 4. FEI Number Applied For M M Hambura 65-0173176 ambura Not Applicable Country \$8.75 Additional 07419 USA 07419 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRINTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition LEVITT, MORTIMER NAME NAME 10 E 82ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10028 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition LEVITT, ANNEMARIE NAME NAME 10 E 82ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10028 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME CHAIFETZ, MALCOLM STREET ADDRESS 350 5TH AVE. STE 6304 STREET ADDRESS CITY-ST-7IP NEW YORK NY 10118 CITY-ST-ZIP SD TITLE . Delete TITLE **ズ** Change Addition EBERLY, KATHY NAME MAME 402-412 ROUTE 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRANKLIN NJ 07416 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED