FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L57316** **(6)**

1. Corporation Name

503 VILLA REGINA, INC.

Principal Place of Business

% L FRANK CHOPIN
440 ROYAL PALM WAY STE 300
PALM BEACH FL 33480

Mailing Address

% L FRANK CHOPIN
440 ROYAL PALM WAY STE 300
PALM BEACH FL 33480

3. Date Incorporated or Qualified: **03/12/1990**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **65-0192431** ☐ 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

2. Principal Place of Business

21
Street Address
22 **Suite 200**
City & State
23
Zip 24 County 25

2a. Mailing Address

26
Street Address
27 **Suite 200**
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

CHOPIN, FRANK L.
440 ROYAL PALM WY, STE. 200
PALM BEACH FL 33480

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 607.0505 and 607.1525, 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 _____

12. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **CHOPIN, FRANK L**
STREET ADDRESS **440 ROYAL PALM WY., STE. 200**
CITY, ST, ZIP **PALM BEACH FL**
☐ DELETE

TITLE
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STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP
☐ Change ☐ Addition

5 TITLE
6 NAME
7 STREET ADDRESS
8 CITY, ST, ZIP
☐ Change ☐ Addition

9 TITLE
10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP
☐ Change ☐ Addition

13 TITLE
14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP
☐ Change ☐ Addition

17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing complies with the requirements of 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 with my title.

SIGNATURE: L. Frank Chopin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(407)655-9500**
Daytime Phone #

CR2E034 (12/95)