## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

REGENCY FAIRWAY, INC.

DOCUMENT # M71726

(7)

FILED Mar 13 1997 8:00am Secretary of State

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Principal Place of Business	ace of Business Mailing Address			T 10019047 TRI FOODE 110011 10010 HOTE BIXA BIBIT DIBIT DIBIT DIBIT DIBIT DIBIT DIBIT DIBIT DIBIT			
6709 RIDGE RD. SUITE 200	RIDGE RD. 6709 RIDGE RD. E 200 SUITE 200						
PORT RICHEY FL 34668	PORT RICHEY FL 34668-	6883		3, Date Incorporated or Qual 03/14/1988	I	te of Last F	Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L. Zanid T		pplied For
21	26			59-2907183			lot Applicable
Sizte, Apt. # lete:	Suite, Apt. #, etc. <b>27</b>			5. Certificate of Status Desire	ed 🔲		Additional lequired
City & State	City & State			6. Election Campaign Finance	ing	\$5.00	May Be
23	28			Trust Fund Contribution			to Fees
Zip Country	Zip	Cou	nlry	8. This corporation has liabili		_	s. 199.032,
24 25	[29]	30		Florida Statutes		J No	
	of Current Registered Agent	<i>-</i>	81 Name	10. Name and Address of No	ew Registered A	igent	
HUDSON JOHN			Name				
6709 RIDGE RD		Ì	82 Street Add	Iress (P.O. Box Number is Not Acc	ceptable)		
STE 200			83				
PORT RICHEY FL 34668			22				
		Ì	84 Crty	7771	<b>F</b> -1	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections					FL	<u> </u>	
SIGNATURE COLOR OF Section protestisces of the 12. OFFIE	egistes Air i est the tapplishe (N CERS AND DIRLCTORS	Off Flagistered	l Agent a gnature requ	ared when reinstating)  ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTO	RS IN 12
Dite PD	DELETE	1.1 1/1	LF T	ADDITIONO INVIALE TO	OF TOLING THE	Change	
NAME HUDSON, JOHN E.		1.2 NA	<b>1</b>				
S RELT ADDRESS 6709 RIDGE ROAD		1.3 <b>S</b> T	REET ADDRESS				
OF STATE PORT RICHEY FL		1.4 CI	TY - ST - ZIP				
trat \$	DELETE	2 1 TI	'LE		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Change	Addition
NAME SILVA, SUSAN		22 N/	ME				
STREET ADDRESS 6709 RIDGE RD		23 \$1	REET ADDRESS				
CITY-ST Zec PORT RICHEY FL		2 4 0	ITY-ST-ZIP				
TITLE	DELETE	3 1 Til	ΓLÉ			☐ Change	Additio
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TIME	[_] DELETE	4.1 10	TLE			Change	Addition
NAME		4 2 N	AME				
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C-Tr -St 20°	no. com		TY-ST-ZIP				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAM <sup>3</sup>		52 N/					
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CITY 51 ZIP	Doreit		TY-ST-ZIP			T Ohan III	T Autec-
1171.15	☐ DELETE	6111				Change	☐ Addition
NAME		62 N					
SPECT ADDRESS		1	REET ADDRESS				
CHY S1 70°		6 4 CI	TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			

14. I do be reby 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 and safed on this ancual 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 camped or on an attachment with an address.

SIGNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97 813848 741,