

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N30215 (0)

1. Corporation Name

REGINA LYNN RANCHES HOME OWNERS ASSOCIATION INC.  
15350. S.W. 24 PLACE  
DAVIE FL 33326

Principal Place of Business

Mailing Address

15350 S.W. 24 PLACE  
DAVIE FL, 33326

SAME

3. Date Incorporated or Qualified

01/17/1989

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number

N/A

Applied For

X 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JOHN JOHNSON~~  
15250 S.W. 24 PLACE  
DAVIE FL 33326

81 Name

LARRY HARRISON (PRESIDENT)

82 Street Address (P.O. Box Numbers Not Acceptable)

15200 S.W. 24 PLACE DAVIE FL 33326

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JOHN JOHNSON (PRESIDENT)  
15250 S.W. 24 PLACE  
33326

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
LARRY HARRISON  
PRESIDENT  
15200 S.W. 24 PLACE  
DAVIE FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
ARCHIE BRODEY  
15150 S.W. 24 PLACE DAVIE, FL 33326

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VICE PRESIDENT  
ARCHIE BRODEY  
same

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
DIEDRE BRODEY  
15150 S.W. 24 PLACE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
SECRETARY  
DIEDRE BRODEY  
SAME

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURE  
LINDA JOHNSON  
115250 S.W. 24 PLACE DAVIE FL 33326

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
ADA E. DE LA CRUZ  
15250 S.W. 24 PLACE DAVIE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JOAN SHERROD (TREASURE)

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
TREASURE  
YOLANDA HARRISON  
15250 S.W. 24 PLACE, DAVIE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
600001899596  
-07/19/96--01055--036  
\*\*\*61.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY M HARRISON

4/24/96

Date

Daytime Phone #

05 710 106

CR2E037 (12/95)