


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham , Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N30215** (0)
1. Corporation Name
REGINA LYNN RANCHES HOMEOWNERS ASSOCIATION INC.



Principal Place of Business 15350 S.W. 24TH PLACE DAVIE FL 33326 US		Mailing Address 15350 S.W. 24TH PLACE DAVIE FL 33326 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 N/A 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 same 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		

3. Date Incorporated or Qualified 01/17/1989	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent HARRISON, LARRY 15200 SW 24 PLACE DAVIE FL 33326	
--	--

10. Name and Address of New Registered Agent 81 Name BRODEY ARCHIE 82 Street Address (P.O. Box Number Is Not Applicable) 15150 S.W. 24 TH PL. 83 84 City DAVIE FL 85 Zip Code 33326	
---	--

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 *Archie Brodey* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HARRISON, LARRY STREET ADDRESS 15200 S.W. PLACE CITY-ST-ZIP DAVIE FL 33326	1.1 TITLE	PD ARCHIE BRODEY 1.2 NAME 15150 SW 24 PL 1.3 STREET ADDRESS DAVIE, FL 33326 1.4 CITY-ST-ZIP
TITLE	VD BRODY, ARCHIE STREET ADDRESS 15150 SW 24 PL CITY-ST-ZIP DAVIE FL 33326	2.1 TITLE	VD LARRY HARRISON 2.2 NAME 15200 SW. 24 Place 2.3 STREET ADDRESS DAVIE, FL 33326 2.4 CITY-ST-ZIP
TITLE	TD JOHNSON LINDA STREET ADDRESS 15250 SW 24 PL CITY-ST-ZIP DAVIE FL 33326	3.1 TITLE	TD ADA DelCruz 3.2 NAME 15350 SW 24th Place 3.3 STREET ADDRESS DAVIE, FL 33306 3.4 CITY-ST-ZIP
TITLE	SD <i>De Rodre</i> BRODY, DIEDRA STREET ADDRESS 15250 S.W. 24TH PLACE CITY-ST-ZIP DAVIE FL 33326	4.1 TITLE	SD YOLANDA HARRISON 4.2 NAME 15200 SW 24 Place 4.3 STREET ADDRESS DAVIE, FL 33326 4.4 CITY-ST-ZIP
TITLE	TD HARRISON, YOLANDA STREET ADDRESS 15250 S.W. 24 PLACE CITY-ST-ZIP DAVIE FL	5.1 TITLE	TD Heidi McPherson 5.2 NAME 15300 SW 24 Place 5.3 STREET ADDRESS DAVIE, FL 33326 5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Archie Brodey* 2-6-98

CR2E037 (10/97)