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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30215

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		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, LARRY	1.2 NAME	
STREET ADDRESS	15200 S.W. PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33326	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODY, ARCHIE	2.2 NAME	
STREET ADDRESS	15150 SW 24 PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33326	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, HEIDI	3.2 NAME	
STREET ADDRESS	15300 SW 24 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33326	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODY, DEIRDRE	4.2 NAME	
STREET ADDRESS	15250 S.W. 24TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33326	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, YOLANDA	5.2 NAME	
STREET ADDRESS	15250 S.W. 24 PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33326	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELCRUZ, ADA	6.2 NAME	
STREET ADDRESS	15350 SW 24TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33306	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

954 432 3007
Daytime Phone #

CR2E037 (11/98)