

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30215

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HARRISON, LARRY  
15200 SW 24 PLACE  
DAVIE FL 33326

7. Name and Address of New Registered Agent

Name Archie F Brodey II  
Street Address (P.O. Box Number is Not Acceptable)  
15150 SW 24 PLACE  
City DAVIE FL Zip Code 33326

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☒ Delete  
NAME HARRISON, LARRY  
STREET ADDRESS 15200 S.W. PLACE  
CITY-ST-ZIP DAVIE FL 33326

TITLE PD ☐ Delete  
NAME BRODY, ARCHIE  
STREET ADDRESS 15150 SW 24 PL  
CITY-ST-ZIP DAVIE FL 33326

TITLE TD ☐ Delete  
NAME MCPHERSON, HEIDI  
STREET ADDRESS 15300 SW 24 PLACE  
CITY-ST-ZIP DAVIE FL 33326

TITLE SD ☐ Delete  
NAME BRODY, DEIRDRE  
STREET ADDRESS 15250 S.W. 24TH PLACE  
CITY-ST-ZIP DAVIE FL 33326

TITLE SD ☒ Delete  
NAME HARRISON, YOLANDA  
STREET ADDRESS 15250 S.W. 24 PLACE  
CITY-ST-ZIP DAVIE FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition  
NAME ANDREAS KLUMP  
STREET ADDRESS 15200 S.W. 24 PL  
CITY-ST-ZIP DAVIE FL 33326

TITLE SD ☐ Change ☒ Addition  
NAME LENYS KLUMP  
STREET ADDRESS 15200 S.W. 24 PL  
CITY-ST-ZIP DAVIE FL 33326

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500058787365  
08/19/05--01056--005 \*\*481.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Archie F Brodey

8-7-05 954-236-5429

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 17 AM 10:09

REINSTATEMENT 01-05



DO NOT WRITE IN THIS SPACE

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