FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N95000002303 (4)

REGENCY CLUB COMMUNITY ASSOCIATION, INC.

negen	OT OLOD CONMICIANT NO	booknon, mo			
Principal Place	of Business	Mailing Address		F 18811181 848 18181 81911 88111 8811	I MAJON MAIN MAINM NIMAN LINES MAINE NOS 1883
% REGENCY HOMES INC. 2026 UNIVERSITY DRIVE		% REGENCY HOMES INC. 2826 UNIVERSITY DRIVE			
CORAL SPRIM	NGS FL 33065	CORAL SPRINGS FL 3	33003	3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 Suite Act # ote		APPLIED FOR	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Curren	29	30	Florida Statutes 10. Name and Address of New F	Yes No
	9. Name and Address of Current	r negistered Agent	81 Name (0.0	9.0.0.0
CORRO	RATION SERVICE COMPANY		Stroot Addit	TILLESPIE, K.B. ress (P.O. Box Number is Not Acceptate	ala)
	NYS STREET			SOUTH FEDERAL	
	ASSEE FL 32301-2525			e 300	
			84 City 2 a		85 Zip Code
			'Bac	CA RATON	FL コスルマク
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the above named corporated by the corporation's boar	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
familiar wit	h; and accept the objections of Section	on 617.0503, Florida Statute	S.		.1 86
SIGNATURE	()		<u> </u>		14-12-16
12.	Signature, typed of printed fame of egistered agent OFFICERS ANI	*1.5	OTE: Registered Agent signature require 13.		FICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	JENSEN, E. C		1.2 NAMÉ		-
STREET ADDRESS	% 2826 UNIVERSITY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		14 CITY-ST-ZIP		
TITLE	STD	DELETE	2 1 TITLE		Change Addition
NAME	LEVINE, DAVID		2 2 NAME		
STREET ADDRESS	% 2826 UNIVERSITY DRIVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL 33065	Florier	2 4 CITY - ST - ZIP		Change Addition
TITLE	VD	DELETE	3.1 TIFLE		
NAME	RADICE, DENNIS		3 2 NAME		
STREET ADDRESS	% 2826 UNIVERSITY DRIVE		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33065	DELETE	3 4. C(TY-ST-ZIP 4 1 T)TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		□ (t
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	andife that the information as a find	with this filing is voluntable for	64 CITY-ST-2IP	for the exemption stated in Section 119	0.07(3)(k) Florida Statutes I further
certify that	t the information indicated on this ann	ual report or supplemental an pration or the receiver or trust	nnual report is true and accur tee empowered to execute th	all and that my signature shall have the his report as required by Chapter 617, F	a same legal enect as it mage unger :

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR E.G. TEUSEN DRESS

4/12/96 954755-1775