FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P9400006860 (8) **DOCUMENT #** REGENCY SIGNATURE HOMES, INC. Principal Place of Business Mailing Address 2826 UNIVERSITY DRIVE 2826 UNIVERSITY DRIVE **CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1994 2. Principal Place of Business Mailing Address FEI Number Applied For 21 65-0464809 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired 2852 University Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GILLESPIE, R. BOWEN III 1515 S. FEDERAL HWY., STE. 300 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 **B4** 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition TITLE 1.1 TITLE WALLERSTEIN, STEVEN M NAME 1.2 NAME 2826 UNIVERSITY DRIVE assa unwersing Duve 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ∠ Change ☐ Addition 2.1 TITLE TITLE MARTZ, SUSANNAH M NAME 2.2 NAME 2826 UNIVERSITY DRIVE STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2.4 CITY - ST-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED