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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
REGENCY AT FLORAL

Principal Place of Business
2826 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

FLORIDA DEPARTMENT OF STATE

Sandre S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

NT # P95000078965 (7)

FILED Mar 10 1998 8:00am Secretary of State

REGI	ENCY AT	FLOF	ral Lakes, I	INC.												
Principal Plac	e of Busine	ss		Mai	ł	I HADIITOI IIO IOIUI DHER DORN DON	UNIK ULKI									
2826 UNIVERSITY DRIVE 2826 UNIVERSITY DRIVE										ĺ						
CORAL SP			CORAL SPRINGS FL		5											
]											DO NOT WRITE	IN THIS	SPACE			٦,
}										3.	Date Incorporated or Qualified					1
2. Principal F	Place of Busi	innee		20	2a. Mailing Address					10/09/1995 4. FEI Number			- 	Applia	d Fax	4
21	1200 01 003	111030	26						65-0626905			-	Applied For Not Applicable		,	
Suite, Apt.	. #. etc.		Suite, Apt. #, etc.						-√ \$8.7						4	
22			27 2852 University Dr				DV.	5.	Certificate of Status Desired	Ø		Requir				
City & State					City & State					6.	Election Campaign Financing		\$5.0	0 May	v Be	٦.
23				28							Trust Fund Contribution			d to Fe		
Zip	Country			_ ;	—			ountry			8. This corporation owes or has paid the current year intangible					
24						30	30			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent			□ No			
			ddress of Curre	nt Registe	ered Agent		81	Niere		10.	Name and Address of New Re	gistered	I Agent			4
	GILLESPIE,						ÞΙ	Name								
1515 SOUTH FEDERAL HWY. #300								Street	Addres	ss (P.	O. Box Number is Not Acceptat	ole)				٦
	BOCA RAT	ON FL	33432													┦
							83									ļ
							84	City			<u>.</u>	FI	85 Zi	p Code	ө	1
de Discount	to the manife	-1000 06	C 607 05	00 4 60	7 1500 Florido Paul	utano the e				-ation	submits this statement for the p	-		100.00		4
office or a	registered a	gent, or	both, in the Stat	e of Florida	. Such change wa	s authorize	d by	the cor	poratio	n's bo	pard of directors. I hereby acce	of the ap	pointment s	as regi	stered	-
agent. I a	am familiar w	vith, and	accept the obliq	gations of,	Section 607.0505,	Florida Sta	tutes	3.								1
SIGNATURE	Slopeline hippy	d or printu	d name of registered ag	ont and title if	applicable (N	OTE: Register	oci Acco	ol eignatur	e required	when r	einstation)	DATE				1
12.	Digitala e, typio	O O Ponti	OFFICERS AN			13.	AU AUG	TIL O'Q' IGIO	o redoneo		DDITIONS/CHANGES TO OFFIC		ID DIRECTO	ORS IN	1 12	- £
TITLE	PD				DELETE	111	TLE		Pre		len+	2.101	Change		Addition	
NAME	JENS	EN, E	С		•	1.21	IAME		ma	مار	e, Ben					
STREET ADDRESS	1		RSITY DRIVE			1.3 \$	TREET	ADDRESS	285	2 1	University Drive					}
CITY-ST-ZIP	CORA	AL SPF	IINGS FL			1.4 (ITY-S	T- ZIP	"	_						8
TITLE	V				DELETE	2.1 1	ITLE		T				Change	e L	Addition	٦
NAME	MAR1	rz, su	Sannah M			2.21	IAME									
STREET ADDRESS	2826	UNIVE	rsity drive			2.3 9	TREET	ADDRESS	284	52	University Driv	ie				1
CITY-ST-ZIP	COR/	AL SPE	INGS FL			2.4	CITY-S	ST-ZIP							_	╛
TITLE	<u> </u>				☐ DELE TÉ	3.1 1	ITLE				·		Change	9	Addition	1
NAME	1					3.21	IAME									
STREET ADDRESS	}					3.3 9	TREET	ADDRESS								
CITY-ST-ZIP							CITY-S	T-ZIP	<u> </u>						C	╛
TITLE					L. DELETE	4.11							☐ Change	; <u> </u>	J Addition	
NAME							MAME		İ							
STREET ADDRESS	ł							ADDRESS	l							
CITY - ST - ZIP	L <u></u>				T one		ITY-S	T-ZIP	 				T 05		Tagio	4
TITLE					☐ DELETE	5,1 T							L Change	; Ц) Addition	
NAME						5.2 N										
STREET ADDRESS	}					•		ADDRESS	1							1
CITY-ST-ZIP					DELETE		ITY-S	T - ZiP	 -		<u> </u>		Change		Addition	+
TITLE					- DELEVE	6.1 T							□ Change	,	1 MUUIIIUII	
NAME]					6.2 N		1000500	ļ							1
STREET ADDRESS								ADDRESS								
CITY-ST-ZIP	certify that the	ne infor	nation supplied	with this fili	nn does not qualify		ITY-\$1		l ed in Si	ection	119.07(3)(i), Florida Statutes. I	further o	sertify that #	he info	rmation	\dashv
indicated	on this anni	ual reno	nd or supplied t	al annual t	enort is true and a	ccurate ar	ompi	at my sk	anutent	shall	have the same legal effect as if	made u	under nath t	that I a	maron	-

14. Thereby certify that the information supplied with this fling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

CICHATURE & WOOD ALL MY MALT

3.2.98

001 750 1770