

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90006 043 \*\*\*550.00

<b>DOCUMENT # P95000078965</b> 1. Entity Name <b>REGENCY AT FLORAL LAKES, INC.</b>					
Principal Place of Business <b>2852 UNIVERSITY DR CORAL SPRINGS, FL 33065</b>			Mailing Address <b>2852 UNIVERSITY DR CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business <b>2840 UNIVERSITY DR</b> <small>Suite, Apt. #; etc.</small>		3. Mailing Address <b>2840 UNIVERSITY DR.</b> <small>Suite, Apt. #; etc.</small>			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 		
<b>6. Name and Address of Current Registered Agent</b>  <b>GILLESPIE, R B</b> <b>1515 SOUTH FEDERAL HWY. #300</b> <b>BOCA RATON, FL 33432</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTZ, BEN</b> <b>2852 UNIVERSITY DR</b> <b>CORAL SPRINGS, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVID LEVINE</b> <b>2840 UNIVERSITY DR</b> <b>CORAL SPRINGS, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILLIS, DEBORAH A</b> <b>2852 UNIVERSITY DR</b> <b>CORAL SPRINGS, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILLS, DEBORAH A.</b> <b>2840 UNIVERSITY DR.</b> <b>CORAL SPRINGS, FL 33065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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.					
<b>SIGNATURE:</b> <u>Deborah Willis</u> <b>DEBORAH WILLS</b> <u>7/2/04</u> <u>954-755-1775</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

44034100



07012004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0626905**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required