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PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 19 1997 8:00am

Secretary of State

4-1597 954 755 1725

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9600037891 (4)

REGENCY AT PALM POINTE, INC.

| Principal Prace of Business<br>2826 UNIVERSITY DRIVE<br>CORAL SPRINGS FL 33065   |  | Mailing Address 2826 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-1425 |  |   |                |                      |  |
|--|--|---|--|---|----------------|----------------------|--|
|  |  |   |  | <ol> <li>Date incorporated or Qualified<br/>04/29/1996</li> </ol>   | 3 <b>a.</b> Da | te of Last R         | leport                                       |
| 2. Principal P   | lace of Business   | 2a. Mailing Address   | **************************************   | 4. FEI Number<br>65-0668384   |                | <del> </del>         | oplied For<br>ot Applicable                  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | ×              | \$8.75 Fee Re        | Additional<br>equired                        |
| City & State   | e  | City & State  |  | Election Campaign Financing     Trust Fund Contribution   |                | \$5.00<br>Added      | May Be<br>to Fees                            |
| Zip  | Country  | Zip   | Country  | 8. This corporation has liability for   | or intangible  | tax under s          | 199.032,                                     |
| 4  | 25   | 29]   | 30   | Fiorida Statutes  | Yes [          |                      | <del></del>                                  |
|  | 9, Name and Address of Curren  | it Registered Agent   | 81 Name  | 10. Name and Address of New I   | Registered /   | tgent .              |  |
| 1515<br>STE  | ESPIE, R B III<br>5 SOUTH FEDERAL HIGHWAY<br>300<br>A RATON FL 33432   |   | 82 Street Add<br>83<br>84 City   | dress (P.O. Box Number is Not Accept  | able)          | <b>85</b> Zip        | Code   |
| SIGNATURE  | egistared agent, or both, in the State in familiar with, and accept the oblig<br>Standard, typed or purbed name of registered age.  OFFICERS AN              | ations of, Section 607.0505, FI int and tile if applicable. (NO   | aurnorized by the corporatorida Statutes.  TE: Registered Agent signature req.  13.  | rporation submits this statement for the ation's board of directors. I hereby accurring when reinstating)  ADDITIONS/CHANGES TO OFF | DATE           |                      |  |
| ··   | D  | DELETE  |  | 7,007,101,01,01,01,01,01,01,01  | 100.101.10     | Change               |  |
| TULE !   | U  | L DELETE  | 1 1 TITLE  |   |                | The cuantic          | Addition                                     |
|  | _  |   | 1.2 NAME   |   |                | C CHARGE             | L_ ADDITIO                                   |
| NAME   | JENSEN, E C<br>2826 UNIVERSITY DRIVE   | ☐ perese  |  |   |                | □ cuante             | L_] ADQIIIO                                  |
| name<br>Street address   | JENSEN, E C  | <del></del>   | 1.2 NAME   |   |                |                      |  |
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