

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

033991

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 20 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000108

1. Corporation Name

REGENCY HOMES AT SUNSET LAKES I, INC.



Principal Place of Business

1515 S FEDERAL HWY, STE 300  
BOCA RATON FL 33432

Mailing Address

1515 S FEDERAL HWY, STE 300  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1997

2. Principal Place of Business

21 2852 UNIVERSITY DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 2852 University Dr.

Suite, Apt. #, etc.

4. FEI Number

65-0806136

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

City & State

23 CORAL SPRINGS, FL

Zip

33065

Country

25 USA

City & State

28 CORAL SPRINGS, FL

Zip

33065

Country

30 USA

9. Name and Address of Current Registered Agent

GILLESPIE, R. BOWEN III.  
1515 S FEDERAL HWY, STE 300  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GILLESPIE, R. BOWEN  
STREET ADDRESS 1515 S FEDERAL HWY, STE 300  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE P ☐ DELETE

NAME WALLERSTEIN, STEVEN  
STREET ADDRESS 2852 UNIVERSITY DRIVE → UNIVERSITY  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE S ☐ DELETE

NAME LEVINE, DAVID  
STREET ADDRESS 2852 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VP ☐ DELETE

NAME MARTZ, SUSANNAH  
STREET ADDRESS 2852 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

500002754335--9  
-01/26/99-01004--021  
\*\*\*\*158.75 \*\*\*\*158.75

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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, with all other like empowered.

SIGNATURE: Susannah M. Martz 1/11/99 755-1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)