

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

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FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 027 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000011676
 1. Corporation Name
AMERICAN APARTMENT COMMUNITIES REGENCY, INC.



Principal Place of Business 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316	Mailing Address 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1998	
21		26		4. FEI Number 65-0810075	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WACHS, JEFFREY S 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACHS, JEFFREY S		1.2 NAME	Callard, James H.	
STREET ADDRESS	1177 SE 3RD AVENUE		1.3 STREET ADDRESS	21 West Broad Street, 11th Floor	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP	Columbus, OH 43215	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	Nickerson, George R.	
STREET ADDRESS			2.3 STREET ADDRESS	21 West Broad Street, 11th Floor	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Columbus, OH 43215	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	Schechter, Richard A.	
STREET ADDRESS			3.3 STREET ADDRESS	2439 Appaloosa Trail	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Mead, Sheila	
STREET ADDRESS			4.3 STREET ADDRESS	2439 Appaloosa Trail	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Klingbeil-Weis, Kristen	
STREET ADDRESS			5.3 STREET ADDRESS	21 W. Broad St., 11th Floor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Columbus, OH 43215	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Asst. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Montgomery, Paul	
STREET ADDRESS			6.3 STREET ADDRESS	501 Darby Creek Road, Suite 11	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Lexington, KY 40509	

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: Paul Montgomery *Paul F. Montgomery* 4/29/99 606-263-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)