

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

0004599

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100085			
1. Corporation Name REGENCY AT THE FRENCH QUARTER, INC.			
Principal Place of Business 2852 UNIVERSITY DR. CORAL SPRINGS FL 33065		Mailing Address 2852 UNIVERSITY DR. CORAL SPRINGS FL 33065	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent			
GILLESPIE, R. BOWEN GILLESPIE & ALLISON, P.A. 1515 S. FEDERAL HWY., S-300 BOCA RATON FL 33432			
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)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STREET ADDRESS	11 TITLE	
CITY-ST-ZIP	CITY-ST-ZIP	12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/24/1998

4. FEI Number  
Applied for ☒ Applied For Not Applicable

5. Certificate of Status Desired ☒ \$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

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)