

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra E. Montalvo  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V67355** (0)

1. Corporation Name  
**REGENCY HOMES OF SOUTH FLORIDA, INC.**

Principal Place of Business  
**11471 W. SAMPLE ROAD  
SUITE 29  
CORAL SPRINGS FL 33065**

Mailing Address  
**2826 UNIVERSITY DR.  
CORAL SPRINGS FL 33065  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	State Apt # etc	
22		27	
23		28	
24	25	29	30

3. Date Incorporation or Acquisition <b>09/25/1992</b>	3b. Date of Last Report <b>08/10/1994</b>
4. FEI Number <b>65-0358104</b>	Applied For Not Applicable
5. Certificate of Status Deared <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for nonpayment of the 1995 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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 of present agent or registered agent and the corporation) (NOTE: Registered Agent signature required after 11/1/94)

12. OFFICERS AND DIRECTORS

TITLE	<del>XXXXXXXXXX</del>
NAME	<b>JENSEN, EDWARD C.</b>
STREET ADDRESS	<b>11471 W. SAMPLE RD, # 29</b>
CITY, ST, ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<del>XXXXXXXXXX</del>
NAME	<del>GATTS, DONALD</del>
STREET ADDRESS	<del>11471 W. SAMPLE RD, # 29</del>
CITY, ST, ZIP	<del>CORAL SPRINGS FL 33065</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	<b>10000 1475461</b>	
34 CITY, ST, ZIP	<b>-05/04/95--01027--016</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>SPS/1</b>	
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(4)(b), Florida Statutes. I further certify that the information reflected on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the incorporator, organizer or organizer of the corporation, or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **E.C. Jensen** **E.C. JENSEN** **4/28/95** **305-755-1775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR