

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741865 (0)
1. Corporation Name
REGENCY CABANAS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
**1500 VIA DELUNA, E-12
PENSACOLA BEACH FL 32561**

Mailing Address
**1500 VIA DELUNA, E-12
APT. E-12
PENSACOLA BEACH FL 32561
US**

3. Date Incorporated or Qualified **03/02/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1906877		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRUBE, JOHN W 1500 VIA DELUNA D-2 PENSACOLA BEACH FL 32561				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	85 Zip Code	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John W. Grube* (NOTE: Registered Agent signature required when reinstating) DATE *April 22, 1996*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	MPD	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CUTCHEN, PAUL O		1.2 NAME				
STREET ADDRESS	1500 VIA DELUNE B-5		1.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA BCH FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEARCEY, LYNNE G		2.2 NAME				
STREET ADDRESS	15090 VIA DELUNA E2		2.3 STREET ADDRESS	1500 VIA DELUNA E-2			
CITY-ST-ZIP	PENSACOLA BCH FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRUBE, JOHN W		3.2 NAME				
STREET ADDRESS	1500 VIA DELUNA D2		3.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA BCH FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEARCEY, EDDIE E		4.2 NAME				
STREET ADDRESS	1500 VIA DELUNA G15		4.3 STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATTERSON, THOMAS R		5.2 NAME				
STREET ADDRESS	3270 TORRES AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	LARRY CANNON			
STREET ADDRESS			6.3 STREET ADDRESS	1500 VIA DELUNA A-1			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561			

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Grube* DATE: *April 22, 1996* (904) 934-9634

CR2E037 (12/95)