

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 04/26/1996

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.		
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1906877		<input type="checkbox"/>		<input type="checkbox"/>		Applied For		Not Applicable		\$8.75 Additional Fee Required	
City & State		City & State		City & State		City & State		City & State		Not Applicable		\$5.00 May Be Added to Fees		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Zip		Country		Zip		Country		Zip		Country		Zip		Country	

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			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CUTCHEN, PAUL O 1500 VIA DELUNE B-5 PENSACOLA BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARCEY, LYNNE G 1500 VIA DELUNA E-2 PENSACOLA BCH FL	<input type="checkbox"/> DELETE	1.2 NAME LINDWOOD PACE
STREET ADDRESS	GRUBE, JOHN W 1500 VIA DELUNA D2 PENSACOLA BCH FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 511 MARIE ANTOINETTE
CITY-ST-ZIP	PATTERSON, THOMAS R 3270 TORRES AVE PENSACOLA FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP LAFAYETTE, LA 70506-5347
	VP LARRY CANNON 1500 VIA DELUNA A-1 PENSACOLA BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.2 NAME DOUG MILLER
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 12328 N. OAK HILL PARKWAY
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP BATON ROUGE, LA 70810
		<input type="checkbox"/> DELETE	3.1 TITLE
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)