

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/02/1978	
4. FEI Number 59-1906877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

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. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent GRUBE, JOHN W 1500 VIA DELUNA D-2 PENSACOLA BEACH FL 32561	10. Name and Address of New Registered Agent
	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	VP - Director <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, LINDWOOD	1.2 NAME	LYNNE PEARCEY
STREET ADDRESS	511 MARIE ANTOINETTE	1.3 STREET ADDRESS	2105 WARWICKSHIRE DRIVE
CITY-ST-ZIP	LAFAYETTE LA 47	1.4 CITY-ST-ZIP	GREENSBORO, N.C. 27455
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DOUG	2.2 NAME	
STREET ADDRESS	12328 N OAK HILL PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	
TITLE	TD - DIRECTOR <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	P - DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY CANNON	4.2 NAME	
STREET ADDRESS	1500 VIA DELUNA A-1	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE _____

CR2E037 (10/97)