## ~2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am<sup>3</sup> Secretary of State **DOCUMENT # 741865** 1. Entity Name REGENCY CABANAS TOWNHOUSE ASSOCIATION, INC. 05-03-2001 90074 022 \*\*\*\*61.25 Principal Place of Business Mailing Address 1500 VIA DELUNA. E-12 1500 VIA DELUNA, E-12 PENSACOLA BEACH FL 32561 APT F-12 PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ~ DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1906877 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRUBE, JOHN W 1500 VIA DELUNA D-2-Zip Code PENSACOLA BEACH FL 32561 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE GRUBE , NAME PACE, LINDWOOD NAME STREET ADDRESS STREET ADDRESS 1500 VIA DELUNA 511 MARIE ANTOINETTE 3 256 1 CITY-ST-ZIP CITY-ST-ZIP LAFAYETTE LA PENSACOLA TITLE ☐ Delete TITLE STEPHENS, SANFORD NAME NAME 1500 VIA DELLE STREET ADDRESS STREET ADDRESS 1500 VIA DELUNA #E-6 3256 ( CITY-ST-ZIP CITY-ST-ZIP ENSACULA PENSACOLA BEACH FL 32561 Addition TITLE TD" Delete TITLE NAME GRUBE, JOHN W NAME 1500 và Delum STREET ADDRESS 1500 VIA DELUNA D2 STREET ADDRESS 32561 CITY-ST-7IP CITY-ST-ZIP PENSACOLA BCH FL ☐ Delete ~ ☐ Change EARCEY MARK, BURKE NAME NAME Soo Ula STREET ADDRESS 1500 VIA DELUNA #E-10 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 3 ኳናራ PENSACOLA BEACH FL 32561 TITLE Delete ☐ Change **I** Addition PEARCEY, LYNNE NAME NAME STREET ADDRESS 2105 WARWICKSHIRE DR STREET ADDRESS 500 Ula CITY-ST-ZIP **GREENSBORO NC 27455** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 in changed, or on an attachment

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