

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90035 042 ****61.25

DOCUMENT # 741865

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1906877**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUBE, JOHN W
1500 VIA DELUNA
D-2
PENSACOLA BEACH FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BANE, SUSAN	
STREET ADDRESS	1500 VIA DELUNA #D-6	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEPHENS, SANFORD	
STREET ADDRESS	1500 VIA DELUNA #E-6	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRUBE, JOHN W	
STREET ADDRESS	1500 VIA DELUNA D2	
CITY-ST-ZIP	PENSACOLA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARCEY, ED	
STREET ADDRESS	1500 VIA DELUNA #E-2	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLOAN, DANNU	
STREET ADDRESS	1500 VIA DELUNA #C-3	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02 850 934-9634

CR2E037 (9/01)