


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90037 011 ****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
--	---



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

4. FEI Number 59-1906877	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <i>STEPHENS SANFORD</i> GRUBE JOHN W 1500 VIA DELUNA E-6 PENSACOLA BEACH FL 32561
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	TD BANE, SUSAN	<input type="checkbox"/>
NAME	1500 VIA DELUNA #D-6	
STREET ADDRESS	PENSACOLA BEACH FL 32561	
CITY-ST-ZIP		
TITLE	P STEPHENS, SANFORD	<input type="checkbox"/>
NAME	1500 VIA DELUNA #E-6	
STREET ADDRESS	PENSACOLA BEACH FL 32561	
CITY-ST-ZIP		
TITLE	SD DORAN, JAMES	<input type="checkbox"/>
NAME	1500 VIA DELUNA G-13	
STREET ADDRESS	GULF BREEZE FL 32561	
CITY-ST-ZIP		
TITLE	V PEARCEY, ED	<input type="checkbox"/>
NAME	1500 VIA DELUNA #E-2	
STREET ADDRESS	PENSACOLA BEACH FL 32561	
CITY-ST-ZIP		
TITLE	D SLOAN, DANNY	<input type="checkbox"/>
NAME	1500 VIA DELUNA #C-3	
STREET ADDRESS	PENSACOLA BEACH FL 32561	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D SLOAN, DANNY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	1500 Via Deluna C-3		
STREET ADDRESS	PENSACOLA Beach FL 32561		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Sanford Stephens* 3/19/04 932-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #