
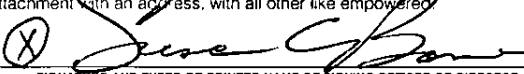


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90152 004 ****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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEPHENS, SANDRA 1500 VIA DELUNA E-6 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	JB P BANE, SUSAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANE, SUSAN	NAME	
STREET ADDRESS	1500 VIA DELUNA #D-6	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	FV STEPHENS, SANFORD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, SANFORD	NAME	
STREET ADDRESS	1500 VIA DELUNA #E-6	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	SD DORAN, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAN, JAMES	NAME	
STREET ADDRESS	1500 VIA DELUNA G-13	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32561	CITY-ST-ZIP	
TITLE	V PEARCEY, ED <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCEY, ED	NAME	
STREET ADDRESS	1500 VIA DELUNA #E-2	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	DT SLOAN, DANNY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, DANNY	NAME	
STREET ADDRESS	1500 VIA DELUNA #C-3	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	WARNOCK, Robert <input type="checkbox"/> Delete	TITLE	WARNOCK, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARNOCK, Robert	NAME	WARNOCK, Robert
STREET ADDRESS	1500 VIA DELUNA B5	STREET ADDRESS	1500 VIA DELUNA B5
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
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: 		Date: 02/23/05 Daytime Phone #: 850 393 4677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50024147



02022005 Chg-NP CR2E037 (10/03)