


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 011 ****61.25

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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

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03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 59-1906877

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEPHENS, SANDRA
 1500 VIA DELUNA
 E-6
 PENSACOLA BEACH, FL 32561

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	BANE, SUSAN	Tom Duda # B6
STREET ADDRESS	1500 VIA DELUNA #B-6	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	V	
NAME	STEPHENS, SANFORD	Doug Miller # B5
STREET ADDRESS	1500 VIA DELUNA #E-6	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	SD	
NAME	DORAN, JAMES	BRENDA TolBERT # B3
STREET ADDRESS	1500 VIA DELUNA G-18	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	
NAME	WARNOCK, ROBERT	CRAIG TolBERT # B3
STREET ADDRESS	1500 VIA DELUNA B8	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	T	
NAME	SLOAN, DANNY	BOB WARNOCK # B5
STREET ADDRESS	1500 VIA DELUNA #08	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/22/06 Daytime Phone # _____