

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741865

FILED
Mar 25, 2007
Secretary of State

Entity Name: REGENCY CABANAS TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

1500 VIA DELUNA, E-12
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

1500 VIA DELUNA, E-12
APT. E-12
PENSACOLA BEACH, FL 32561 US

New Mailing Address:

FEI Number: 59-1906877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DUDA, TOM
1500 VIA DELUNA
B-6
PENSACOLA BEACH, FL 32561 US

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: TOM DUDA

03/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUDA, TOM
Address: 1500 VIA DELUNA #B-6
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: V () Delete
Name: MILLER, DOUG
Address: 1500 VIA DELUNA #B-5
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SD () Delete
Name: TOLBERT, BRENDA
Address: 1500 VIA DELUNA #B-3
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: TOLBERT, CRAIG
Address: 1500 VIA DELUNA #B-3
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: T () Delete
Name: WARNOCK, BOB
Address: 1500 VIA DELUNA #A-5
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM DUDA

P

03/25/2007

Electronic Signature of Signing Officer or Director

Date