

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769297 (3)
1. Corporation Name REGENCY TOWERS CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business 950 HWY. 98. E. DESTIN FL 32541	Mailing Address 950 HWY. 98. E. DESTIN FL 32541
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/11/1983	3a. Date of Last Report 04/17/1995	4. FEI Number 59-2371291	Applied For Not Applicable
		5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No		

9. Name and Address of Current Registered Agent GRIFFIN, W. LEONARD 950 HWY. 98. E. DESTIN FL 32541	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MAXWELL, ELIZABETH 950 HWY 98 E UNIT 6021 DESTIN FL	1.1 TITLE	☐ Change ☐ Addition
NAME	VD TONTI, ROBERT 5209 CLEVELAND PLACE MATAIRE AL	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	Y CARROLL, DR RICHARD 2425 WOODLEY RD MONTGOMERY AL	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	SD WOLFF, ELAINE 1705 LARKIN WILLIAM RD. FENTON MO	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D CLEMENTS, W. W. #3 GLENCHESHER COURT DALLAS TX	2.1 TITLE	☐ Change ☐ Addition
NAME	D SMITH, JAMES 421 VINCENT AVE ATAIRE AL	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *8/2/96* Daytime Phone #: *904-832-0265*

CR2E037 (3/96)