

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769297 (3)

1. Corporation Name

REGENCY TOWERS CONDOMINIUM OWNERS' ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

950 HWY. 98. E.
DESTIN FL 32541950 HWY. 98. E.
DESTIN FL 32541-28123. Date Incorporated or Qualified
07/11/19833a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2371291

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOKS, JULIA
950 HWY. 98 EAST, #6022
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	MAXWELL, ELIZABETH	
STREET ADDRESS	950 HWY 98 E UNIT 6021	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	☒ DELETE
NAME	TONI, ROBERT	
STREET ADDRESS	5209 CLEVELAND PLACE	
CITY-ST-ZIP	MATAIRE AL	
TITLE	T	☒ DELETE
NAME	CARROLL, DR RICHARD	
STREET ADDRESS	2425 WOODLEY RD	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	SD	☒ DELETE
NAME	WOLFF, ELAINE	
STREET ADDRESS	1705 LARKIN WILLIAM RD.	
CITY-ST-ZIP	FENTON MO	
TITLE	D	☒ DELETE
NAME	CLEMENTS, W. W.	
STREET ADDRESS	#3 GLENCHESHER COURT	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	☐ DELETE
NAME	SMITH, JAMES	
STREET ADDRESS	421 VINCENT AVE	
CITY-ST-ZIP	ATAIRE AL	

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Hines, Suzanne	
1.3 STREET ADDRESS	950 HWY. 98 East, Unit 7041	
1.4 CITY-ST-ZIP	Destin, FL. 32541	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	Sackett, James	
2.3 STREET ADDRESS	950 Hwy. 98 East, Unit 7112	
2.4 CITY-ST-ZIP	Destin, FL. 32541	
3.1 TITLE	TSD	☐ Change ☒ Addition
3.2 NAME	ORR, Bonnie	
3.3 STREET ADDRESS	950 Hwy. 98 East, Unit 6032	
3.4 CITY-ST-ZIP	Destin, FL. 32541	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Bohrer, Jay	
4.3 STREET ADDRESS	50 Chateau La Tour	
4.4 CITY-ST-ZIP	Kenner, LA. 70065	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Brooks, Julia	
5.3 STREET ADDRESS	950 Hwy. 98 East, Unit 6022	
5.4 CITY-ST-ZIP	Destin, FL. 32541	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Ledoux, Sharon	
6.3 STREET ADDRESS	301 Oakleaf Dr.	
6.4 CITY-ST-ZIP	Lafayette, LA. 70503	

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan.-9-97 904-837-0265

CR2E037 (9/96)