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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

434805 - 90221 - 18

DOCUMENT # 769297

1. Corporation Name
REGENCY TOWERS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
950 HWY. 98. E. DESTIN FL 32541	950 HWY. 98. E. DESTIN FL 32541

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/11/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2371291 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name ORR, BONNIE
82 Street Address (P.O. Box Number is Not Acceptable) 950 HWY 98 EAST #6032
83
84 City DESTIN FL 85 Zip Code 32541

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 Bonnie Orr DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HINES, SUZANNE		1.2 NAME	BOHRER, JAY	
STREET ADDRESS	950 HWY 98 EAST, UNIT 7041		1.3 STREET ADDRESS	50 CHATEAU LATOUR	
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP	KENNER, LA.	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SACKETT, JAMES		2.2 NAME		
STREET ADDRESS	950 HWY 98 EAST, UNIT 7112		2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ORR, BONNIE		3.2 NAME		
STREET ADDRESS	950 HWY 98 EAST, UNIT 6032		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOHRER, JAY		4.2 NAME		
STREET ADDRESS	50 CHATEAU LATOUR		4.3 STREET ADDRESS		
CITY-ST-ZIP	KENNER LA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, JULIA		5.2 NAME		
STREET ADDRESS	950 HWY 98 EAST, UNIT 6022		5.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JAMES		6.2 NAME		
STREET ADDRESS	421 VINCENT AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATAIRIE AL		6.4 CITY-ST-ZIP		

CR2E037-(11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/6/99 (850)837-0265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #