

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769297

1. Entity Name

REGENCY TOWERS CONDOMINIUM OWNERS' ASSOCIATION.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90091 024 ****61.25

Principal Place of Business

Mailing Address

950 HWY. 98. E.
DESTIN FL 32541

950 HWY. 98. E.
DESTIN FL 32541-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2371291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORR, BONNIE
950 HWY 98 E 6032
DESTIN FL 32541

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	BOHRER, JAY	
STREET ADDRESS	50 CHATEAU LA TOUR	
CITY-ST-ZIP	KENNER LA	
TITLE	D	☐ Delete
NAME	SACKETT, JAMES	
STREET ADDRESS	950 HWY 98 EAST, UNIT 7112	
CITY-ST-ZIP	DESTIN FL	
TITLE	TSO	☐ Delete
NAME	ORR, BONNIE	
STREET ADDRESS	950 HWY 98 EAST, UNIT 6032	
CITY-ST-ZIP	DESTIN FL	
TITLE	VP	☐ Delete
NAME	BOHRER, JAY	
STREET ADDRESS	50 CHATEAU LATOUR	
CITY-ST-ZIP	KENNER LA	
TITLE	D	☒ Delete
NAME	BROOKS, JULIA	
STREET ADDRESS	950 HWY 98 EAST, UNIT 6022	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	☒ Delete
NAME	SMITH, JAMES	
STREET ADDRESS	421 VINCENT AVE	
CITY-ST-ZIP	ATAIRIE AL	

TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME	KATHY ALEXANDER	
STREET ADDRESS	68 UPPER LAKE COMO RD.	
CITY-ST-ZIP	BAY SPRINGS, MS. 39422	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BONNIE ORR	
STREET ADDRESS	950 HWY 98 E, UNIT 6032	
CITY-ST-ZIP	DESTIN, FL. 32541	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ROBERT GRAMMER	
STREET ADDRESS	950 HWY 98 E # 7052	
CITY-ST-ZIP	DESTIN, FL. 32541	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 REQUIRED

BONNIE ORR

Date

2/8/2000 (850) 837-0265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)