2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769297 1. Entity Name REGENCY TOWERS CONDOMINIUM OWNERS' ASSOCIATION,					Jan 25, 2001 8:00 am Secretary of State 01-25-2001 90123 049 ****61.25			
Principal Place of Business 950 HWY, 98. E. DESTIN FL 32541		Mailing Address 950 HWY. 98. E. DESTIN FL 32541		1128111:1	8000935 2			
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. FEI Numbe	SI Number Applied For Not Applicable			
Zip Country		Zip	Country			\$8.75 Add Fee Required	itional	
DESTIN F	98 E 6032	·	City .		r is Not Acceptable)	FL Zip Code)	
SIGNATURE	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be Added to Fees	Depart	neck Payable to ment of State		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF ST ALEXANDER, KATHY 68 UPPER LAKE COMO RD BAY SPRINGS MS 39422	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERNEST R. D. 403 BHURCH	ANGES TO OFFICERS A UFF I STAEGT MS 34429	ND DIRECTORS IN ☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKETT, JAMES 950 HWY 98 EAST, UNIT 7112 DESTIN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition È	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORR, BONNIE 950 HWY 98 EAST, UNIT 6032 DESTIN FL 32541	- ™ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOHER, JAY JOCHNEAU KENNER,	LATOUY LA	Change T	Addition Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP BOHRER, JAY 50 CHATEAU LATOUR KENNER LA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		aylor 15 Ave, Sui am, AL 35		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMMER, ROBERT 950 HWY 98 E # 7052 DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	GRAMMER GRAMMER 950 HW 98 DESTIN F		⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☑ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address,	true and accurate and that my wered to execute this report a	y signature shall h	nave the same legal effec	t as if made under oath;	that I am an officer	or director	
J.3.171	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	R DIRECTOR		Date	Daytime Phone #		