

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-31-2008 90031 001 ****70.00

DOCUMENT # 727840

1. Entity Name
REGENCY TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1600 VIA DELUNA DR
PENSACOLA BEACH, FL 32561 US

Mailing Address
1600 VIA DELUNA DRIVE
PENSACOLA BEACH, FL 32561-2350

66002560



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1522281

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWER, GERRY
311 FLORIDA AVE
GULF BREEZE, FL 32561

7. Name and Address of New Registered Agent

Name **Rita Rutter**
Street Address (P.O. Box Number is Not Acceptable) **1600 Via Deluna E104**
City **Pensacola Beach** FL Zip Code **32561**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rita C. Rutter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RUITER, RITA**
STREET ADDRESS **3261 CYRESS LANE**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☐ Delete
NAME **MILLER, JANET**
STREET ADDRESS **5749 COBBLE CREEK DR**
CITY-ST-ZIP **MILTON, FL 32571**

TITLE **DP** ☐ Delete
NAME **WOOD, ROBERT**
STREET ADDRESS **107 GREY BRANT CT**
CITY-ST-ZIP **MADISON, MS 39110**

TITLE **DT** ☒ Delete
NAME **BROWER, GERRY**
STREET ADDRESS **311 FLORIDA AVE**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **DVP** ☐ Delete
NAME **LASHLEY, STEVE**
STREET ADDRESS **950 BRAMLETT SHOALS RD**
CITY-ST-ZIP **LAWRENCEVILLE, GA 30045**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Rita Rutter**
STREET ADDRESS **1600 Via Deluna Dr. E104**
CITY-ST-ZIP **Pensacola Beach FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Wood, Robert**
STREET ADDRESS **587 Highland Colony Pkwy**
CITY-ST-ZIP **Ridgeland, MS 39157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Lashley, Steve**
STREET ADDRESS **1800 Cedars Road, Ste 102**
CITY-ST-ZIP **Lawrenceville, GA 30045**

TITLE ☐ Change ☒ Addition
NAME **Norman Christopher**
STREET ADDRESS **1600 Via Deluna Dr 8707**
CITY-ST-ZIP **Pensacola Beach FL 32561**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Regency Towers Condominium Association, Inc.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/31/2008-90031-001-\$70.00-\$70.00

DOCUMENT # 727840 1. Entity Name REGENCY TOWERS CONDOMINIUM ASSOCIATION, INC.						ATTACHMENT	
Principal Place of Business 1600 VIA DELUNA DR PENSACOLA BEACH, FL 32561 US				Mailing Address 1600 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561-2350			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1. 66002560 01302008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1522281				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWER, GERRY 311 FLORIDA AVE GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)							
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D RUITER, RITA ☐ Delete STREET ADDRESS 3261 CYRESS LANE CITY- ST- ZIP GULF BREEZE, FL 32563			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	D MILLER, JANET ☐ Delete STREET ADDRESS 5749 COBBLE CREEK DR CITY- ST- ZIP MILTON, FL 32571			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	DP WOOD, ROBERT ☐ Delete STREET ADDRESS 107 GREY BRANT CT CITY- ST- ZIP MADISON, MS 39110			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	OT BROWER, GERRY ☐ Delete STREET ADDRESS 311 FLORIDA AVE CITY- ST- ZIP GULF BREEZE, FL 32561			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	DVP LASHLEY, STEVE ☐ Delete STREET ADDRESS 950 BRAMLETT SHOALS RD CITY- ST- ZIP LAWRENCEVILLE, GA 30045			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date _____ Daytime Phone # _____							