


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90248 011 \*\*\*\*61.25

**DOCUMENT # 741865**

1. Entity Name  
 REGENCY CABANAS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business  
 1500 VIA DELUNA, E-12  
 PENSACOLA BEACH, FL 32561

Mailing Address  
 1500 VIA DELUNA, E-12  
 APT. E-12  
 PENSACOLA BEACH, FL 32561 US

**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-1906877

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEPHENS, SANDRA  
 1500 VIA DELUNA  
 E-6  
 PENSACOLA BEACH, FL 32561

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	<del>BANE, SUSAN</del>	Tom Duda # B6
STREET ADDRESS	1500 VIA DELUNA #B-6	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	V	
NAME	<del>STEPHENS, SANFORD</del>	Doug Miller # B5
STREET ADDRESS	1500 VIA DELUNA #E-6	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	SD	
NAME	<del>DORAN, JAMES</del>	BRENDA TolBERT # B3
STREET ADDRESS	1500 VIA DELUNA G-18	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	
NAME	<del>WARNOCK, ROBERT</del>	CRAIG TolBERT # B3
STREET ADDRESS	1500 VIA DELUNA B8	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	T	
NAME	<del>SLOAN, DANNY</del>	BOB WARNOCK # B5
STREET ADDRESS	1500 VIA DELUNA #08	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE IN THIS SPACE**

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: 4/22/06 Daytime Phone # \_\_\_\_\_