

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741865

FILED  
Mar 25, 2007  
Secretary of State

Entity Name: REGENCY CABANAS TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 VIA DELUNA, E-12  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-1906877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DUDA, TOM  
1500 VIA DELUNA  
B-6  
PENSACOLA BEACH, FL 32561 US

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: TOM DUDA      03/25/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DUDA, TOM  
Address: 1500 VIA DELUNA #B-6  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: V      ( ) Delete  
Name: MILLER, DOUG  
Address: 1500 VIA DELUNA #B-5  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SD      ( ) Delete  
Name: TOLBERT, BRENDA  
Address: 1500 VIA DELUNA #B-3  
City-St-Zip: GULF BREEZE, FL 32561

Title: D      ( ) Delete  
Name: TOLBERT, CRAIG  
Address: 1500 VIA DELUNA #B-3  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: T      ( ) Delete  
Name: WARNOCK, BOB  
Address: 1500 VIA DELUNA #A-5  
City-St-Zip: PENSACOLA BEACH, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM DUDA      P      03/25/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date