




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90449 030 \*\*\*\*61.25

<b>DOCUMENT # 769297</b> 1. Entity Name <b>REGENCY TOWERS CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>950 HWY. 98, E. DESTIN, FL 32541</b>			Mailing Address <b>950 HWY. 98, E. DESTIN, FL 32541</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
02232007 Chg-NP CR2E037 (12/06)				4. FEI Number <b>59-2371291</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF 348 MIRACLE STRIP PKWY, SW SUITE 7 FORT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DUFF, ERNEST</b> <input checked="" type="checkbox"/> Delete <b>1403 CHURCH ST. COLUMBIA, MS 39429</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WILLIAM LOIACANO 6293 AUGUSTA COVE DESTIN FL 32541</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Delete <b>MICHAEL, DONALD</b> <b>20 CHATEAU PONTET CANET DR KENNER, LA 70065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MICHAEL, DONALD</b> <b>388 INGLEWOOD DR MADISON MS 39110</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>BRUNO, KEN</b> <b>4030 ST. CHARLES DR. BIRMINGHAM, AL 35242</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRUNO, KEN</b> <b>4030 ST. CHARLES DR. BIRMINGHAM, AL 35242</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PEZOLD, JACK</b> <b>102 GREYSTONE CT. COLUMBUS, GA 31904</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>HABERT, JUDY</b> <b>125 E. CLINTON PL. #2A KIRKWOOD, MO 63122</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>IVISON, ARBCK</b> <b>2631 LAKE CIRCLE JACKSON MS 39211</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>4-26-07</b> (852) 837 0265		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		