

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000006022 (6)**

1. Corporation Name

REGENCY ISLAND DUNES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2601 S BAYSHORE DR
MIAMI FL 33133

2601 S BAYSHORE DR
MIAMI FL 33133

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0635079

Applied For

Not Applicable

Suite Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H
2601 S BAYSHORE DR
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME SESSIONS, PATRICK E
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133

TITLE DV DELETE
NAME WHITEHEAD, ROY M
STREET ADDRESS 8850 S OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE DVST DELETE
NAME LANGLEY, MARCIA H
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DVST Change Addition
1.2 NAME Joel K. Goldman
1.3 STREET ADDRESS 2601 S. Bayshore Dr.
1.4 CITY-ST-ZIP Miami, Fl. 33133

2.1 TITLE VAS Change Addition
2.2 NAME Jeffrey, Thomas W.
2.3 STREET ADDRESS 2601 S Bayshore Dr.
2.4 CITY-ST-ZIP Miami, FL 33133

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME 200001829252
5.3 STREET ADDRESS -05/20/96--01044--017
5.4 CITY-ST-ZIP ***61.25

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joel K. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

305-859-4071

Daytime Phone #

Joel K. Goldman

CR2E037 (12/95)