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NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # N9500006022 (6)

REGENCY ISLAND DUNES ASSOCIATION, INC.

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Zip Country Zip Country B. This corporation has liability for intangible tax upder s. 1: 24 25 29 30 10 Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 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 reg 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 affamiliar with, and accept the obligations of, Section 817.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS 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 reg 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 affamiliar with, and accept the obligations of, Section 817.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS 14. City ST. Goldman 12. NAME 12. NAME 13. STREET ADDRESS 2601 S BAYSHORE DR MIAM FL 33133	9.032, code stered office ent. I am
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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 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 no 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	I further ide under

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Joel K. Goldman

4/18/96

305-859-4071

Date

Daytime Phone #

CR2E037 (12/95)