

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000006022 (6)**  
1. Corporation Name  
**REGENCY ISLAND DUNES ASSOCIATION, INC.**



Principal Place of Business <b>2601 S BAYSHORE DR MIAMI FL 33133</b>	Mailing Address <b>2601 S BAYSHORE DR MIAMI FL 33133-5417</b>
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3. Date Incorporated or Qualified <b>12/22/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21. <b>8650 S. OCEAN DR. JENSEN BEACH, FL. 34957</b> Suite, Apt #, etc.	2a. Mailing Address 26. <b>8650 S. OCEAN DR. JENSEN BEACH, FL. 34957</b> Suite, Apt #, etc.
22. City & State <b>JENSEN BEACH, FL</b>	27. City & State <b>JENSEN BEACH, FL</b>
23. Zip <b>34957</b>	28. Country <b>ST. LUCIE</b>
24. Zip <b>34957</b>	29. Country <b>ST. LUCIE</b>

4. FEI Number <b>65-0635079</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LANGLEY, MARCIA H 2601 S BAYSHORE DR MIAMI FL 33133</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SESSIONS, PATRICK E 2601 S BAYSHORE DR MIAMI FL 33133</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV WHITEHEAD, ROY M 8650 S OCEAN DR JENSEN BEACH FL 34957</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D HAROLD LANZNER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8650 SOUTH OCEAN DR. #402 JENSEN BEACH, FL. 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST GOLDMAN, JOEL K 2601 S BAYSHORE DR MIAMI FL 33133</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D JASON SESSIONS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8650 SOUTH OCEAN DRIVE #604 JENSEN BEACH, FL. 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS JEFFREY, THOMAS W 2601 S BAYSHORE DR MIAMI FL 33133</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **PATRICK SESSIONS** *[Signature]* 1/17/97 561 229110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026777

CR2E037 (9/96)