

FILE NOW: FILING FEE IS \$61.25

AMENDED

1062

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 MAY 14 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9500006022 (6)
1. Corporation Name
REGENCY ISLAND DUNES ASSOCIATION, INC.

Principal Place of Business: 2601 S. Bayshore Drive, Miami, Florida 33133
Mailing Address: 2601 S. Bayshore Drive, Miami, Florida 33133

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0635079	3a.	Date of Last Report 1-17-97
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Langley, Marcia H. 2601 South Byshore Drive Miami, Florida 33133				81	Name Joel K. Goldman		
				82	Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Drive		
				83	Suite 900		
				84	City Miami	85	Zip Code FL 33133

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: *Joel K. Goldman* Joel K. Goldman DATE: May 6, 1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sessions, Patrick E.			1.2 NAME	Goldman, Joel K.		
STREET ADDRESS	2601 S. Bayshore Drive			1.3 STREET ADDRESS	2601 S. Bayshore Drive		
CITY-ST-ZIP	Miami FL 33133			1.4 CITY-ST-ZIP	Miami, Florida 33133		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Lanzner, Harold			2.2 NAME			
STREET ADDRESS	8659 South Ocean Drive #402			2.3 STREET ADDRESS			
CITY-ST-ZIP	Jensen Beach, FL 34957			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sessions, Jason			3.2 NAME	900002178239--7		
STREET ADDRESS	8650 South Ocean Drive #604			3.3 STREET ADDRESS			
CITY-ST-ZIP	Jensen Beach, Florida 33133			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Joel K. Goldman* Joel K. Goldman, Vice President DATE: May 6, 1997 305-859-4071

CR2E037 (9/96)

10.2062



ACCOUNT NO. : 072100000032
REFERENCE : 390423 ~~4379232~~
AUTHORIZATION : Patricia Pizant
COST LIMIT : \$ 61.25

ORDER DATE : May 14, 1997
ORDER TIME : 10:09 AM
ORDER NO. : 390423-005
CUSTOMER NO: 4379232
CUSTOMER: Ms. Hannah Wilson
Atlantic Gulf Communities
9th Floor
2601 South Bayshore Drive
Miami, FL 33133

ANNUAL REPORT FILING

NAME: REGENCY ISLAND DUNES
ASSOCIATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susana Romagosa

EXAMINER'S INITIALS: _____

RECEIVED
97 MAY 14 AM 11:19
DIVISION OF CORPORATIOH