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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 DRIVE MIAMI FL 33133 US
2601 S. BAYSHORE DRIVE MIAMI FL 33133 US

3. Date Incorporated or Qualified
12/22/1995
4. FEI Number
65-0635079
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 8650 S. OCEAN DR 26 8650 S. OCEAN DR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 JENSEN BEACH, FL 28 JENSEN BEACH, FL
24 Zip 25 Country 29 Zip 30 Country
34957 ST. LUCIE 34957 ST. LUCIE

6. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GOLDMAN, JOEL K
2601 S. BAYSHORE DRIVE
SUITE 900
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name
HAROLD LANZNER
82 Street Address (P.O. Box Number is Not Acceptable)
8650 SOUTH OCEAN DR. #402
83
84 City
JENSEN BEACH FL 85 Zip Code
34957

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 *Harold Lanzner* Harold LANZNER president 2/25/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SESSIONS, PATRICK E	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANZNER, HAROLD	
STREET ADDRESS	8650 SOUTH OCEAN DR., #402	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SESSIONS, JASON	
STREET ADDRESS	8650 SOUTH OCEAN DRIVE, #604	
CITY-ST-ZIP	JENSEN BEACH FL 33133	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MELVIN MEYERHOVEN	
1.3 STREET ADDRESS	8600 SOUTH OCEAN DR #903	
1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LANZNER, HAROLD	
2.3 STREET ADDRESS	8650 SOUTH OCEAN DR #402	
2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK GAZZOLA	
3.3 STREET ADDRESS	8600 SOUTH OCEAN DR #1006	
3.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Harold Lanzner* Harold LANZNER 2/25/98 (561-2290311)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (Area)

CR2E037 (10/97)