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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90055 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000006022

1. Corporation Name
REGENCY ISLAND DUNES ASSOCIATION, INC.

Principal Place of Business 8650 S OCEAN DR JENSEN BEACH FL 34957 US	Mailing Address 8650 S OCEAN DR JENSEN BEACH FL 34957 US
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160075 90055 12



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0635079
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~LANZNER, HAROLD~~
~~8650 SOUTH OCEAN DR~~
~~JENSEN BEACH FL 34957~~

Deleté
JOHN Gazzola
 8600 S. Ocean Dr. #1006
 Jensen Bch., FL 34957

10. Name and Address of New Registered Agent

81 Name **John Gazzola**

82 Street Address (P.O. Box Number is Not Acceptable)
8600 S. Ocean Dr. #1006

83

84 City **Jensen Bch** 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 *[Signature]* **PRESIDENT** DATE **1-21-99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYERHOVEN, MELVIN	
STREET ADDRESS	8600 SOUTH OCEAN DR, #903	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LANZNER, HAROLD	
STREET ADDRESS	8650 SOUTH OCEAN DR, #402	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D PRESIDENT	<input type="checkbox"/> DELETE
NAME	GAZZOLA, JACK	
STREET ADDRESS	8600 SOUTH OCEAN DR, #1006	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	Reynolds, John - TREASURER	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition
NAME	8600 S Ocean Dr # 1204	
STREET ADDRESS	Jensen Bch, FL 34957	
CITY-ST-ZIP		
TITLE	Rassmussen, Bill	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition
NAME	8600 S Ocean Dr # 606	
STREET ADDRESS	Jensen Bch, FL 34957	
CITY-ST-ZIP		
TITLE	Downer, Ronald	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition
NAME	8600 S Ocean Dr. # 1203	
STREET ADDRESS	Jensen Bch, FL 34957	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Janes, Richard - VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	8650 S Ocean Dr. # 505	
1.4 CITY-ST-ZIP	Jensen Bch. FL 34957	
2.1 TITLE	Sansbury, Bill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	8650 S. Ocean Dr. # 903	
2.4 CITY-ST-ZIP	Jensen Bch, FL 34957	
3.1 TITLE	Scowcroft, Lou - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	8650 S. Ocean Dr # 504	
3.4 CITY-ST-ZIP	Jensen Bch., FL 34957	
4.1 TITLE	Pearson, Deborah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	8650 S. Ocean Dr. # 703	
4.4 CITY-ST-ZIP		
5.1 TITLE	Armitage, Matthew	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	8650 S. Ocean Dr # 604	
5.4 CITY-ST-ZIP	Jensen Bch., FL 34957	
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, with all other like empowered.

SIGNATURE: *[Signature]* **John Gazzola** DATE: **1-21-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)