

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90014 007 ****61.25

DOCUMENT # N95000006022

1. Entity Name

REGENCY ISLAND DUNES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8650 S OCEAN DR
 JENSEN BEACH FL 34957
 US

8650 S OCEAN DR
 JENSEN BEACH FL 34957-2151
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0635079

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAZZOLA, JOHN
8600 S. OCEAN DR
#1006
JENSEN BEACH FL 34957

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARD, JANES	
STREET ADDRESS	8650 S. OCEAN DR #505	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SANSBURY, JILL	
STREET ADDRESS	8650 S. OCEAN DR. #903	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAZZOLA, JACK	
STREET ADDRESS	8600 SOUTH OCEAN DR, #1006	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input type="checkbox"/> Delete
NAME	REYNOLDS, JOHN	
STREET ADDRESS	8600 S. OCEAN DR #1204	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ASSATUSSEN, BILL	
STREET ADDRESS	8650 S. OCEAN DR #606	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNER, RONALD	
STREET ADDRESS	8600 S. OCEAN DR #1203	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Gazzola	
STREET ADDRESS	8600 S. Ocean Dr. #1006	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lou Scowcroft	
STREET ADDRESS	8650 S. Ocean Dr. # 504	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Rasmussen	
STREET ADDRESS	8600 S. Ocean Dr. #606	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Armatage	
STREET ADDRESS	8650 S. Ocean Dr. #604	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Drillock	
STREET ADDRESS	8650 S. Ocean Dr. #602	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Pearson	
STREET ADDRESS	8650 S. Ocean Dr. # 703	
CITY-ST-ZIP	Jensen Beach, FL 34957	

12. 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 report or supplemental 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 prepare this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)