

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90734 042 ****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
 US

B0061659



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANES, RICHARD PRES
 8650 S. OCEAN DR
 #505
 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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	VP	<input type="checkbox"/> Delete
NAME	AVERY, CHARLES	
STREET ADDRESS	8600 S OCEAN DR 1105	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SHOWCROFT, LOU	
STREET ADDRESS	8850 S OCEAN DR 703	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARSON, DEBORAH	
STREET ADDRESS	8650 S OCEAN DR 1001	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, ED	
STREET ADDRESS	8600 S OCEAN DR 1001	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, LEW	
STREET ADDRESS	8650 S OCEAN DR PH1	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMITAGE, MATT	
STREET ADDRESS	8650 S OCEAN DR 604	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Reynolds	
STREET ADDRESS	8600 S Ocean Dr	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Rasmussen	
STREET ADDRESS	8600 S Ocean Dr	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Brown	
STREET ADDRESS	8650 S. Ocean Dr #1101	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Ruby	
STREET ADDRESS	8650 S Ocean Dr #202	
CITY-ST-ZIP	Jensen Beach, FL 34957	

CR2E037 (9/01)

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 execute 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 REQUIRED

3/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #