


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90015 047 ****61.25

DOCUMENT # N95000006022

1. Entity Name
 REGENCY ISLAND DUNES ASSOCIATION, INC.



Principal Place of Business Mailing Address

8650 S OCEAN DR 8650 S OCEAN DR
 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip* Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

JANES, RICHARD PRES
 8650 S. OCEAN DR
 #505
 JENSEN BEACH FL 34957

4. FEI Number Applied For

65-0635079 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Richard Janes - President* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: AVERY, CHARLES STREET ADDRESS: 3600 S OCEAN DR 1105 CITY-ST-ZIP: JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete
TITLE: SEC NAME: SHOWCROFT, LOU STREET ADDRESS: 8650 S OCEAN DR 703 CITY-ST-ZIP: JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
TITLE: D NAME: PEARSON, DEBORAH STREET ADDRESS: 8650 S OCEAN DR 1001 CITY-ST-ZIP: JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
TITLE: VP NAME: KNOSKA, JAMES STREET ADDRESS: 8600 S OCEAN DR 1105 CITY-ST-ZIP: JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
TITLE: D NAME: TALAC, KENNETH STREET ADDRESS: 8600 S OCEAN DR 1105 CITY-ST-ZIP: JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
TITLE: D NAME: REYNOLDS, JOHN STREET ADDRESS: 8600 S OCEAN DR CITY-ST-ZIP: JENSEN BEACH FL 34957	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: Filonowicz, Charly STREET ADDRESS: 8650 S. OCEAN DRIVE - 506 CITY-ST-ZIP: JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BROWN, Robert STREET ADDRESS: 8650 S. OCEAN DR - 1101 CITY-ST-ZIP: JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RASMUSSEN, BILL STREET ADDRESS: 8600 S OCEAN DRIVE - 606 CITY-ST-ZIP: JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard Janes - President* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR