


### 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90245 041 \*\*\*\*61.25

<b>DOCUMENT # N95000006022</b>			
<b>1. Entity Name</b> REGENCY ISLAND DUNES ASSOCIATION, INC.			
<b>Principal Place of Business</b> 8650 S OCEAN DR JENSEN BEACH, FL 34957 US		<b>Mailing Address</b> 8650 S OCEAN DR JENSEN BEACH, FL 34957 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
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	
<b>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 qualifications of registered agent.</b>			
SIGNATURE <i>Richard Pres</i>		DATE <i>3/30/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: D <input type="checkbox"/> Delete	NAME: FLOWER, CHARLYN	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: FILEWICZ <i>correct</i>
STREET ADDRESS: 8650 S. OCEAN DRIVE 505	CITY-ST-ZIP: JENSEN BEACH, FL 34957	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: SHOWCROFT, LOU	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: SCOWCROFT <i>correct</i>
STREET ADDRESS: 8650 S OCEAN DR 703	CITY-ST-ZIP: JENSEN BEACH, FL 34957	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: PEARSON, DEBORAH	TITLE:	NAME:
STREET ADDRESS: 8650 S OCEAN DR 1001	CITY-ST-ZIP: JENSEN BEACH, FL 34957	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: KNOSKA, JAMES	TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: JETH SCHOFIELD
STREET ADDRESS: 8800 S OCEAN DR 1105	CITY-ST-ZIP: JENSEN BEACH, FL 34957	STREET ADDRESS: 8600 S. Ocean Dr # 1106	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: TALAC, KENNETH	TITLE:	NAME:
STREET ADDRESS: 8800 S OCEAN DR 1105	CITY-ST-ZIP: JENSEN BEACH, FL 34957	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: REYNOLDS, JOHN	TITLE:	NAME:
STREET ADDRESS: 8800 S OCEAN DR	CITY-ST-ZIP: JENSEN BEACH, FL 34957	STREET ADDRESS:	CITY-ST-ZIP:
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 817, 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 information.</b>			
SIGNATURE: <i>Patricia Whit</i>		DATE: <i>3/29/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		DATE	