2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

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DOCUMENT # N9500006022 1. Entity Name REGENCY ISLAND DUNES ASSOCIATION, INC.									. 04-0				9 ****6	1.25	
Principal Place of Business 8650 S OCEAN DR JENSEN BEACH, FL 34957 US Mailing Address 8650 S OCEAN DR JENSEN BEACH, FL 34957 US															
2. Principal Place of Business				3. Mailing Address											
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				0320	2006	Chg-l	NP	CF	R2E03	7 (11/05)		
City & State	6	City	City & State				4. FEI Number 65-0635079						Applied For Not Applicable		
Zip	Zip Country			_Zip _ Cou			5. Certificate of Status					· C		\$8.75 A	
·	6. Name	and Address of Curre	nt Registere	d Agent				7. Na	me and	Address	s of New	Regist	tered A	gent	
JANES, RI	ICHARD F	PRES		·		Name									
8650 S. O #505	CEAN DR						Address (P.O. Box Number is Not Acceptable)								
JENSEN B	BEACH, FL	34957													
						City							FL	Zip Co	de
	named entity	submits this statement ered agent.	for the purpo	ose of changing its re	egistere	ed office o	r register	ed ager	t, or bot	h, in the	State of	Florida.	l am f	amiliar with	n, and accept
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SIGNATURE.															
	Signature bened	or printed come of registered co.	ant and title if and	inable (NOTE)	Donotom	d Annat sings		ban sains	entin n'i				DATE		
	Signature, typed	or printed name of registered age	ent and title if appl	icable. (NOTE:	Registere	d Agent signa	ture required	when rains	tating)				DATE		
	Filing Fe	or printed name of registered age B Is \$61.25 ay 1, 2006	ent and title if appl	9. Election Camp Trust Fund Co	paign F	inancing	ture required	\$5.00	tating) May Bato Fees	e	FI	Make	check	payable	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a dadress, with all-edge like exportance of the composition of

SIGNATURE:

TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #