

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 020 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

40044181



03212007 Chg-NP CR2E037 (12/06)

DOCUMENT # N95000006022					
1. Entity Name REGENCY ISLAND DUNES ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0635079	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DSEL	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILEWICZ, CHARLYN			NAME	BROWN, ROBERT
STREET ADDRESS	8650 S. OCEAN DRIVE 506			STREET ADDRESS	8650 S OCEAN DRIVE #1101
CITY - ST - ZIP	JENSEN BEACH, FL 34957			CITY - ST - ZIP	JENSEN BEACH FL 34957
TITLE	SEC	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOWCROFT, LOU			NAME	
STREET ADDRESS	8650 S OCEAN DR 703			STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH, FL 34957			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, SETH			NAME	
STREET ADDRESS	8600 S OCEAN DR #1106			STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH, FL 34957			CITY - ST - ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALAC, KENNETH			NAME	
STREET ADDRESS	8600 S OCEAN DR 1105			STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH, FL 34957			CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANK, ROBERT			NAME	
STREET ADDRESS	8600 S OCEAN DR 202			STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH, FL 34957			CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANES, RICHARD			NAME	
STREET ADDRESS	8650 S OCEAN DR 505			STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH, FL 34957			CITY - ST - ZIP	
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 an address, with all other like empowered.					
SIGNATURE: <i>Robert P. Rank</i>		ROBERT P. RANK		3/27/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	