

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006022

FILED
Apr 02, 2009
Secretary of State

Entity Name: REGENCY ISLAND DUNES ASSOCIATION, INC.

Current Principal Place of Business:

8650 S OCEAN DR
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

8650 S OCEAN DR
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 65-0635079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FILEWICZ, CHARLYN
Address: 8650 S. OCEAN DRIVE 506
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: BROWN, ROBERT
Address: 8650 S OCEAN DR #1101
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: JOHNSON, JINX
Address: 8600 S OCEAN DR 405
City-St-Zip: JENSEN BEACH, FL 34957

Title: VPD () Delete
Name: TALAC, KENNETH
Address: 8600 S OCEAN DR 1105
City-St-Zip: JENSEN BEACH, FL 34957

Title: T () Delete
Name: RANK, ROBERT
Address: 8600 S OCEAN DR 202
City-St-Zip: JENSEN BEACH, FL 34957

Title: P () Delete
Name: JANES, RICHARD
Address: 8650 S OCEAN DR 505
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FILEWICZ, CHARLYN
Address: 8650 S. OCEAN DRIVE 506
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. FRENCH-PACITTI

MGR

04/02/2009

Electronic Signature of Signing Officer or Director

Date