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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000071091 (1)**

1. Corporation Name

REGENCY ISLAND DUNES, INC.

Principal Place of Business

2601 S BAYSHORE DR
9TH FLOOR, LEGAL DEPT.
MIAMI FL 33133

Mailing Address

2601 S BAYSHORE DR
9TH FLOOR, LEGAL DEPT.
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/13/1993** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0445386** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199 (1)? Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H
2601 S BAYSHORE DR
MIAMI FL 33133

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required after recording.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RUTHERFORD, J LARRY
STREET ADDRESS 2601 S BAYSHORE DR 9TH FLOOR
CITY, ST, ZIP MIAMI FL 33133-5481

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

300001472183
-05/03/95--01008--001
7800.00 *200.00

TITLE VD
NAME KLEINERMAN, PETER S
STREET ADDRESS 2601 S BAYSHORE DR 9TH FLOOR
CITY, ST, ZIP MIAMI FL 33133-5481

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

DVAS
Julio J. Gonzalez
2601 S. Bayshore Drive
Miami, FL 33133

TITLE VSD
NAME LANGLEY, MARCIA H
STREET ADDRESS 2601 S BAYSHORE DR 9TH FLOOR
CITY, ST, ZIP MIAMI FL 33133-5481

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

Change Addition

TITLE VT
NAME FISCHER, JOHN H
STREET ADDRESS 2601 S BAYSHORE DR 9TH FLOOR
CITY, ST, ZIP MIAMI FL 33133-5481

4. TITLE
4. NAME
4.1 STREET ADDRESS
4.4 CITY, ST, ZIP

Change Addition

TITLE VAS
NAME JEFFERY, THOMAS W
STREET ADDRESS 2601 S BAYSHORE DR
CITY, ST, ZIP MIAMI FL

5. TITLE
5.2 NAME
5.1 STREET ADDRESS
5.4 CITY, ST, ZIP

DV
Thomas W. Jeffrey
2601 S. Bayshore Drive
Miami, FL 33133

TITLE VC
NAME MIKESH, LINDA A
STREET ADDRESS 2601 S BAYSHORE DR
CITY, ST, ZIP MIAMI FL

6. TITLE
6.2 NAME
6.1 STREET ADDRESS
6.4 CITY, ST, ZIP

V
Linda A. Mikesch
2601 S. Bayshore Drive
Miami, FL 33133

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a certificate.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Marcia H. Langley

4/25/95

(305) 859-4000