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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000071091 (1)

1. Corporation Name

REGENCY ISLAND DUNES, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, J LARRY	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JEFFERY, THOMAS W	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MIKESH, LINDA A	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Goldman, Joel K.	
1.3 STREET ADDRESS	2601 S. Bayshore Dr.	
1.4 CITY-ST-ZIP	Miami, FL 33133	
2.1 TITLE	Carleton, Callie N.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2601 S. Bayshore Dr.	
2.4 CITY-ST-ZIP	Miami, FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	200001783382	
4.4 CITY-ST-ZIP	-04/17/96--01020--003	
5.1 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel K. Goldman

4-12-96

Date:

305-859-4071

Day/Evening Phone #

CR2E034 (12/95)