

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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

3. Date Incorporated or Qualified  
**10/13/1993**

3a. Date of Last Report  
**04/28/1995**

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. 199.032, Florida Statutes  Yes  No

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 RUTHERFORD, J LARRY <input type="checkbox"/> DELETE	1.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTHERFORD, J LARRY	1.2 NAME	Goldman, Joel K.
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	1.3 STREET ADDRESS	2601 S. Bayshore Dr.
CITY-ST-ZIP	MIAMI FL 33133-5461	1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	DVAS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Carleton, Callie N. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JULIO J	2.2 NAME	Carleton, Callie N.
STREET ADDRESS	2601 S BAYSHORE DR	2.3 STREET ADDRESS	2601 S. Bayshore Dr.
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H	3.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5461	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN H	4.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	4.3 STREET ADDRESS	200001783382
CITY-ST-ZIP	MIAMI FL 33133-5461	4.4 CITY-ST-ZIP	-04/17/96--01020--003
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY, THOMAS W	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKESH, LINDA A	6.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)