

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33133-5417
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/13/1993	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0445386	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LANGLEY, MARCIA H 2601 S BAYSHORE DR MIAMI FL 33133		10. Name and Address of New Registered Agent	
81. Name	Joel K. Goldman		
82. Street Address (P.O. Box Number is Not Acceptable)	2601 S. Bayshore DR		
83. Floor	9th Floor		
84. City	Miam.	85. Zip Code	FL 33133

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: *Joel K. Goldman* **JOEL K. GOLDMAN 4-11-97**
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	1.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input 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 33133-5481	1.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	VIAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K.	2.2 NAME	Langley, Marcia H.
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	V/C/A/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H	3.2 NAME	CARLETON, CALLIS N.
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	3.3 STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL 33133-5481	3.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	FISCHER, JOHN H	4.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5481	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	
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 type="checkbox"/> DELETE	6.1 TITLE	
NAME	CARLETON, CALLIS N.	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joel K. Goldman* **JOEL K. GOLDMAN 4-11-97** **305-2544071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0178519

CR2E034 (9/96)