

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

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000071091 (1)
1. Corporation Name
REGENCY ISLAND DUNES, INC.

FILED
98 JAN 18 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0445386		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Zip		29		30	
Country		Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, JOEL K 2601 S BAYSHORE DR MIAMI FL 33133				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	RUTHERFORD, J LARRY		1.1 TITLE			
NAME	2601 S BAYSHORE DR 9TH FLOOR			1.2 NAME	300002439463--4		
STREET ADDRESS	MIAMI FL 33133-5461			1.3 STREET ADDRESS	-02/24/98--01066--009		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	****158.75 ****158.75		
TITLE	VSD	GOLDMAN, JOEL K.		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2601 S BAYSHORE DR			2.2 NAME			
STREET ADDRESS	MIAMI FL			2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	VAS	LANGLEY, MARCIA H		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2601 S BAYSHORE DR 9TH FLOOR			3.2 NAME			
STREET ADDRESS	MIAMI FL			3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	VT	FISCHER, JOHN H		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2601 S BAYSHORE DR 9TH FLOOR			4.2 NAME			
STREET ADDRESS	MIAMI FL 33133-5461			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	DV	JEFFERY, THOMAS W		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	2601 S BAYSHORE DR			5.2 NAME	V		
STREET ADDRESS	MIAMI FL			5.3 STREET ADDRESS	Laguardia, John		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	2601 S. Bayshore Drive		
TITLE	VCAS	CARLETON, CALLIS N.		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	2601 S BAYSHORE DR			6.2 NAME	Cook, Paula		
STREET ADDRESS	MIAMI FL			6.3 STREET ADDRESS	2601 S. Bayshore Drive		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Miami, Florida 33133		

14. I 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: *[Handwritten Signature]* DATE: *[Handwritten Date]*

CR2E034 (10/97)