

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071091

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
2601 S BAYSHORE DR
MIAMI FL 33133

3. Date Incorporated or Qualified

10/13/1993

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME RUTHERFORD, J LARRY
STREET ADDRESS 2601 S BAYSHORE DR 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33133-5461

TITLE VSD ☐ DELETE

NAME GOLDMAN, JOEL K
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL

TITLE VAS ☒ DELETE

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

TITLE VT ☐ DELETE

NAME FISCHER, JOHN H
STREET ADDRESS 2601 S BAYSHORE DR 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33133-5461

TITLE DV ☐ DELETE

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

TITLE V ☐ DELETE

NAME LAGUARDIA, JOHN
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/AS/C ☐ Change ☒ Addition

1.2 NAME Cook, Paula
1.3 STREET ADDRESS 2601 S. Bayshore Drive
1.4 CITY-ST-ZIP Miami FL 33133-5461

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 038 ***158.75



DO NOT WRITE IN THIS SPACE

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4-9-99

305-859-4000