| JENSEN BEACH, FL 34957 US | | | | | | |
|--|--|-----------------|-----------------------------------|------------|--|--|
| FEI Number: 65-0635079 | | | Certificate of Status Desired: No | | | |
| Name and A | ddress of Current Registered Agent: | | | | | |
| THOMAS, JACO 8640 S. OCEAN JENSEN BEAC | | | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | |
| SIGNATURE | : JACQUELINE ANN THOMAS | | | 01/24/2019 | | |
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Dire | ctor Detail : | | | | | |
| Title | S | Title | D | | | |
| Name | FILEWICZ, CHARLYN | Name | COONS, MARK | | | |
| Address | 8640 S. OCEAN DRIVE | Address | 8640 S OCEAN DR | | | |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 | | | |
| Title | VPD | Title | т | | | |
| Name | TIGHE, JAMES | Name | RANK, ROBERT | | | |
| Address | 8640 S OCEAN DR | Address | 8640 S OCEAN DR | | | |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 | | | |
| Title | Р | Title | DIRECTOR | | | |
| Name | JANES, RICHARD | Name | RUDD, MATTHEW | | | |
| Address | 8640 S OCEAN DR | Address | 8640 S OCEAN DR | | | |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | |
| Name | MCKENNA, MICHAEL | Name | DALENA, ANN | | | |
| Address | 8640 S OCEAN DR | Address | 8640 S OCEAN DR | | | |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 | | | |
| | | Continues | n nago 2 | | | |

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500006022

Entity Name: REGENCY ISLAND DUNES ASSOCIATION, INC.

Current Principal Place of Business:

8640 S OCEAN DR JENSEN BEACH, FL 34957

Current Mailing Address:

8640 S OCEAN DR IENISEN REACH EL 34057 LIS

| Title | S | Title | D |
|-----------------|-----------------------|-----------------|-----------------------|
| Name | FILEWICZ, CHARLYN | Name | COONS, MARK |
| Address | 8640 S. OCEAN DRIVE | Address | 8640 S OCEAN DR |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 |
| Title | VPD | Title | Т |
| Name | TIGHE, JAMES | Name | RANK, ROBERT |
| Address | 8640 S OCEAN DR | Address | 8640 S OCEAN DR |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 |
| Title | Р | Title | DIRECTOR |
| Name | JANES, RICHARD | Name | RUDD, MATTHEW |
| Address | 8640 S OCEAN DR | Address | 8640 S OCEAN DR |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | MCKENNA, MICHAEL | Name | DALENA, ANN |
| Address | 8640 S OCEAN DR | Address | 8640 S OCEAN DR |
| City-State-Zip: | JENSEN BEACH FL 34957 | City-State-Zip: | JENSEN BEACH FL 34957 |
| - | | | |
| | | | |

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD G. JANES

PRESIDENT

01/24/2019

Electronic Signature of Signing Officer/Director Detail

FILED Jan 24, 2019 **Secretary of State** 8959284424CC

Officer/Director Detail Continued :

| Title | DIRECTOR |
|-----------------|-----------------------|
| Name | BRUCE, GEORGE |
| Address | 8640 S OCEAN DR |
| City-State-Zip: | JENSEN BEACH FL 34957 |