

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000004539 (0)

1. Corporation Name

REGATTA BAY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

385 HIGHWAY 98 EAST  
SUITE 60  
DESTIN FL 32541

385 HIGHWAY 98 EAST  
SUITE 60  
DESTIN FL 32541-2351

3. Date Incorporated or Qualified  
08/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3419661

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

LEGLER, MITCHELL W  
ONE INDEPENDENT DRIVE  
SUITE 3104  
JACKSONVILLE FL 32202

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 617.0502 and 617.1508, 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 617.0503, 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  
NAME BOS, PETER H  
STREET ADDRESS 385 HIGHWAY 98 EAST, SUITE 60  
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ DELETE

1.1 TITLE T  
1.2 NAME BOS, PETER H  
1.3 STREET ADDRESS 385 HWY 98 EAST, SUITE 60  
1.4 CITY-ST-ZIP DESTIN, FL 32541

☒ Change ☒ Addition

TITLE VD  
NAME LORENZEN, DWIGHT  
STREET ADDRESS 385 HIGHWAY 98 EAST, SUITE 60  
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME PATTON, THOMAS  
STREET ADDRESS 385 HIGHWAY 98 EAST, SUITE 60  
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TS  
NAME PARKER, WENDY  
STREET ADDRESS 385 HIGHWAY 98 EAST, SUITE 60  
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

4.1 TITLE S  
4.2 NAME PARKER, WENDY  
4.3 STREET ADDRESS 385 HIGHWAY 98 EAST, SUITE 60  
4.4 CITY-ST-ZIP DESTIN, FL 32541

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE V  
5.2 NAME CLAUSON, GREG  
5.3 STREET ADDRESS 385 HWY 98 EAST, SUITE 60  
5.4 CITY-ST-ZIP DESTIN, FL 32541

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

CR2E037 (9/96)