

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 038 ****61.25

DOCUMENT # N00000001060 1. Entity Name REGATTA COVE NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business C/O BANYAN PROPERTY MANAGEMENT, INC. 2328 SOUTH CONGRESS AVENUE, SUITE 1C WEST PALM BEACH, FL 33406 US		Mailing Address C/O BANYAN PROPERTY MANAGEMENT, INC. 2328 SOUTH CONGRESS AVENUE, SUITE 1C WEST PALM BEACH, FL 33406 US	
2. Principal Place of Business C/O WELLINGTON MANAGEMENT INC Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State WELLINGTON, FL Zip 33414		3. Mailing Address C/O WELLINGTON MANAGEMENT INC Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State WELLINGTON, FL Zip 33414	
4. FEI Number 65-1022914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAY STEVEN LEVINE, PA 3300 PGA BLVD, STE 970 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name NEWSOME JOHN Street Address (P.O. Box Number is Not Acceptable) 3461-B FAIRLANE FARMS RD City WELLINGTON, FL Zip Code 33414	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 1/11/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, JAMES F 9077 BAY POINTE CIR WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARVILLE, LILLIAN 9182 BAY POINTE CIRCLE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NISUN, RONALD 9051 BAY POINTE CIR WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGGINSON, BETTY LOU 9160 BAY POINTE CIRCLE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLIN, RICHARD 9074 BAY POINTE CIR WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISUN, ALICE 9051 BAY POINTE CIRCLE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, SHEILA 9148 BAY POINTE CIR WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, EDWARD 9048 BAY POINTE CIR WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:		1-13-05 561-	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	