

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90079 016 ****61.25

DOCUMENT # N00000001060

1. Entity Name
REGATTA COVE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
C/O WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414 US

Mailing Address
C/O WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414 US

40013861



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

Mailing Address

C/O Wellington Management, Inc.
Suite, Apt. #, etc.
3461-B Fairlane Farms Rd

C/O Wellington Management, Inc.
Suite, Apt. #, etc.
3461-B Fairlane Farms Rd

City & State
Wellington, FL

City & State
Wellington, FL

Zip
33414

Zip
33414

Country
US

Country
US

4. FEI Number
65-1022914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	DARVILLE, LILLIAN	9182 BAY POINTE CIR	WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/>
S	HIGGINSON, BETTY L	9160 BAY POINTE CIR	WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/>
D	NISUN, ALICE	9051 BAY POINTE CIR	WEST PALM BEACH, FL 33411	<input type="checkbox"/>
T	SCHWARTZ, SHEILA	9146 BAY POINTE CIR	WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/>
P	BRENNER, EDWARD	9046 BAY POINTE CIR	WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	TERRELL, David	9154 Bay Pointe Cir	W. Palm Bch, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	NISUN, ALICE	9051 Bay Pointe Cir	W. Palm Bch, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Darville, Lillian	9182 Bay Pointe Cir	W. Palm Bch, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Kuhney, Carol	9141 Bay Pointe Cir	W. Palm, Bch, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	Conello, Dennis	9170 Bay Pointe Cir	W. Palm Bch, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Dennis Conello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/07 561/790258
Date Daytime Phone #

Dennis Conello, PRES