

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004539

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** REGATTA BAY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4100 LEGENDARY DRIVE  
STE 200  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

4100 LEGENDARY DRIVE  
STE 200  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** 59-3419661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: BOS, PETER H JR.  
Address: 4100 LEGENDARY DRIVE STE 200  
City-St-Zip: DESTIN, FL 32541 US

Title: D/V ( ) Delete  
Name: CRAUL, BRUCE  
Address: 4100 LEGENDARY DRIVE STE 200  
City-St-Zip: DESTIN, FL 32541 US

Title: D/V ( ) Delete  
Name: FEATHERSTON, GREG  
Address: 4100 LEGENDARY DRIVE STE 200  
City-St-Zip: DESTIN, FL 32541 US

Title: S ( ) Delete  
Name: PARKER, WENDY  
Address: 4100 LEGENDARY DRIVE STE 200  
City-St-Zip: DESTIN, FL 32541 US

Title: V/T ( ) Delete  
Name: BUSFIELD, DAVID A  
Address: 4100 LEGENDARY DRIVE STE 200  
City-St-Zip: DESTIN, FL 32541 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WENDY PARKER

S

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date