
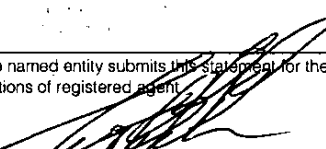
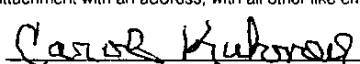


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 017 ****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		
2. Principal Place of Business - No P.O. Box # clo cnc mgr. inc.		3. Mailing Address same			
Suite, Apt. #, etc. 2950 Jog Road		Suite, Apt. #, etc. same			
City & State Greenacres, FL 33467		City & State same			
Zip 33467		Country US		4. FEI Number 65-1022914	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWSOME, JOHN 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Scot Gerrish Street Address (P.O. Box Number is Not Acceptable) 2950 Jog Road City Greenacres FL Zip Code 33467		
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  Scot A. Gerrish DATE April 8, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP TERRELL, DAVID <input type="checkbox"/> Delete 9154 BAYPOINTE CIR WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NISUN, ALICE <input checked="" type="checkbox"/> Delete 9051 BAY POINTE CIR WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O SMITH, FRANCINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9092 BAY POINTE CIRCLE WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARVILLE, LILLIAN <input checked="" type="checkbox"/> Delete 9182 BAY POINTE CIR WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SHINN, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4119 BAY POINTE CIRCLE WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUHNEY, CAROL <input type="checkbox"/> Delete 9121 BAY POINTE CIR WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONELLO, DENNIS <input type="checkbox"/> Delete 9170 BAY POINTE CIR WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  CAROL KUHNEY 4/17/08 784-2996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					