May 06, 1999 8:00 am Secretary of State

05-06-1999 90039 039 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L17470

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

REGATTA HOMES, INC.

Principal Place of Business		Mailing Address								
4561 OKEECHOBEE BLVD S 2		4561 OKEECHOBEE BLVD S 2								
WEST PALM BEACH FL 33417		WEST PALM BEACH FL 33417			Ĺ	DO NOT WRITE IN THIS SPACE				
US		U\$				3. Date Incorporated or Qualified 09/21/1989				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI	Number			Applied For
21 8055	S. Militara Trail	26 SAME				65	- 0146798		N	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				- 0	Alfanta of Chatana Danisa d		\$8.75	Additional
22						5. Cer	rtifcate of Status Desired		Fee F	Required
City & State	9 , /	City & State				6. Elec	ction Campaign Financing		\$5.00	May Be
23 10001	itas Beach. H	28				Tru:	st Fund Contribution		Added	to Fees
Zip	Country	Zip Country				8. This	s corporation owes the cur	rent year Int		i
24 331 5	6 25 UDH	29 30					rsonal Property Tax.		₽Yes	□No
Name and Address of Current Registered Agent						10. Na	me and Address of New	Registered	Agent	
ODIFOLIED DALII				Naı	me					
	SMER, PAUL		82	Str	eet Address	s (P.O. I	Box Number is Not Accept	table)		
	OAK HARBOUR DR			ļ						
JUNI	D BEACH FL 33408		83							
			84	Cit	y			FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above	l e-nan	med corpora	ation sut	bmits this statement for the	purpose of	changing it	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.										
SIGNATURE										
				nt signa	ature required wh		ating) DITIONS/CHANGES TO O	DATE	ID DIRECT	ODS IN 12
12.		DIRECTORS	13.			ADD	ITIONS/CHANGES TO O	FFICERS AN	Change	
TITLE	DP DP				İ					
NAME	GRIESMER, PAUL		-	1.2 NAME 1.3 STREET ADDRESS		31 (MOALINA A	on c		
STREET ADDRESS	605 OAK HARBOUR DRIVE					Oi ·) N 07 3	2443		
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NAME	_		6.2 NAME 6.3 STREET ADDRESS							
STREET ADDRESS			6.3 STREE	i adur	ress					

14. I hereby certify that the information surplied 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 arrival report or suppliemental 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 of the receiver or trystee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP