

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                 |                                                                                                                                                                                                          |                                                                              |  |
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| <b>DOCUMENT # N00000001060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                 |                                                                                                                                                                                                          |                                                                              |  |
| <b>1. Entity Name</b><br>REGATTA COVE NEIGHBORHOOD ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                 |                                                                                                                                                                                                          |                                                                              |  |
| <b>Principal Place of Business</b><br>C/O BANYAN PROPERTY MANAGEMENT, INC.<br>2328 SOUTH CONGRESS AVENUE, SUITE 1C<br>WEST PALM BEACH, FL 33406 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                 | <b>Mailing Address</b><br>C/O BANYAN PROPERTY MANAGEMENT, INC.<br>2328 SOUTH CONGRESS AVENUE, SUITE 1C<br>WEST PALM BEACH, FL 33406 US                                                                   |                                                                              |  |
| <b>2. Principal Place of Business</b><br>C/O WELLINGTON MANAGEMENT INC<br>Suite, Apt. #, etc.<br>3461-B FAIRLANE FARMS RD<br>City & State<br>WELLINGTON, FL<br>Zip<br>33414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | <b>3. Mailing Address</b><br>C/O WELLINGTON MANAGEMENT INC<br>Suite, Apt. #, etc.<br>3461-B FAIRLANE FARMS RD<br>City & State<br>WELLINGTON, FL<br>Zip<br>33414 |                                                                                                                                                                                                          | 01112006 Chg-NP CR2E037 (11/05)                                              |  |
| <b>4. FEI Number</b><br>65-1022914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                          |                                                                                                                                                                                                          |                                                                              |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                 |                                                                                                                                                                                                          | <b>\$8.75 Additional Fee Required</b>                                        |  |
| <b>6. Name and Address of Current Registered Agent</b><br>JAY STEVEN LEVINE, PA<br>3300 PGA BLVD, STE 970<br>PALM BEACH GARDENS, FL 33410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>NEWSOME JOHN<br>Street Address (P.O. Box Number is Not Acceptable)<br>3461-B FAIRLANE FARMS RD<br>City<br>WELLINGTON, FL Zip Code<br>33414 |                                                                              |  |
| <b>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.</b><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <b>SIGNATURE</b><br/> </div> <div style="width: 30%; text-align: center;">                 John Newsome<br/>                 (NOTE: Registered Agent signature required when reinstating)             </div> <div style="width: 30%; text-align: right;">                 1/11/06<br/>                 DATE             </div> </div> |                                            |                                                                                                                                                                 |                                                                                                                                                                                                          |                                                                              |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>                                                                      |                                                                                                                                                                                                          | <b>\$5.00 May Be Added to Fees</b>                                           |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                 |                                                                                                                                                                                                          |                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                             |                                                                              |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>MEYER, JAMES F<br><b>STREET ADDRESS</b><br>9077 BAY POINTE CIR<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                 | <b>TITLE</b><br>VP<br><b>NAME</b><br>DARVILLE, LILLIAN<br><b>STREET ADDRESS</b><br>9182 BAY POINTE CIRCLE<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33411                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>VPD<br><b>NAME</b><br>NISUN, RONALD<br><b>STREET ADDRESS</b><br>9051 BAY POINTE CIR<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                 | <b>TITLE</b><br>S<br><b>NAME</b><br>HIGGINSON, BETTY LOU<br><b>STREET ADDRESS</b><br>9160 BAY POINTE CIRCLE<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33411                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>MARLIN, RICHARD<br><b>STREET ADDRESS</b><br>9074 BAY POINTE CIR<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                 | <b>TITLE</b><br>D<br><b>NAME</b><br>NISUN, ALICE<br><b>STREET ADDRESS</b><br>9051 BAY POINTE CIRCLE<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33411                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>SCHWARTZ, SHEILA<br><b>STREET ADDRESS</b><br>9148 BAY POINTE CIR<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete            |                                                                                                                                                                 | <b>TITLE</b><br>T<br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>BRENNER, EDWARD<br><b>STREET ADDRESS</b><br>9048 BAY POINTE CIR<br><b>CITY-ST-ZIP</b><br>WEST PALM BEACH, FL 33406                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete            |                                                                                                                                                                 | <b>TITLE</b><br>P<br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete            |                                                                                                                                                                 | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>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.</b>                                          |                                            |                                                                                                                                                                 |                                                                                                                                                                                                          |                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                 | 1-13-05 561-                                                                                                                                                                                             |                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                 | Date Daytime Phone #                                                                                                                                                                                     |                                                                              |  |