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.

40013861

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

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	Mailing Address
c/o Wellington Management Inc	c/o Wellington Management, Inc.
Suite, Apt. #, etc. 3461-B Fairlane Farms Rd	Suite, Apt. #, etc 3461-B Fairlane Farms Rd
City & State Wellington, FL.	City & State Wellington, FL.
Zip 33414	Country US
Zip 33414	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DARUILLE, LILLIAN 9182 BAY POINTE CIR WEST PALM BEACH, FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TERRELL, David 9154 Bay Pointe Cir W. Palm Bch, FL 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HIGGINSON, BETTY L 9160 BAY POINTE CIR WEST PALM BEACH, FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Nisun, Alice 9051 Bay Pointe Cir W. Palm Bch, FL 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NISUN, ALICE 9051 BAY POINTE CIR WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Daruille, Lillian 9182 Bay Pointe Cir W. Palm Bch, FL 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWARTZ, SHEILA 9146 BAY POINTE CIR WEST PALM BEACH, FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kuhney, Carol 9121 Bay Pointe CIR W. Palm, Bch, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRENNER, EDWARD 9046 BAY POINTE CIR WEST PALM BEACH, FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bonello, Dennis 9178 Bay Pointe CIR W. Palm Bch, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Dennis Bonello 01/29/07 561/790258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis Bonello, Pres