2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001060

FILED Mar 23, 2009 Secretary of State

Entity Name: REGATTA COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O CMC MGMT. INC 2950 JOG ROAD

LAKE WORTH, FL 33467 US

Current Mailing Address: New Mailing Address:

C/O CMC MGMT. INC 2950 JOG ROAD

LAKE WORTH, FL 33467 US

FEI Number: 65-1022914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GERRISH, SCOT 2950 JOG ROAD

LAKE WORTH, FL 33467 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition Name: TERRELL, DAVID Name: BETTY LOU, HIGGINSON

Name:TERRELL, DAVIDName:BETTY LOU, HIGGINSONAddress:9154 BAYPOINTE CIRAddress:9160 BAYPOINTE CIRCity-St-Zip:WEST PALM BEACH, FL 33411City-St-Zip:WEST PALM BEACH, FL 33411

Title: SD () Delete Title: () Change () Addition

 Name:
 SMITH, FRANCINE
 Name:

 Address:
 9092 BAY POINTE CIRCLE
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33411
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SHINNI, WILLIAM
 Name:

 Address:
 9119 BAY POINTE CIRCLE
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33411
 City-St-Zip:

Name:KUHNEY, CAROLName:KUHNEY, CAROLAddress:9121 BAY POINTE CIRAddress:9121 BAY POINTE CIRCity-St-Zip:WEST PALM BEACH, FL 33411City-St-Zip:WEST PALM BEACH, FL 33411

Title: () Delete Title: (X) Change () Addition BONELLO, DENNIS REELE, GEORGE Name: Name: 9170 BAY POINTE CIR 9191 BAY POINTE CIR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33411

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: CAROL KUHNEY P 03/23/2009