2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100002467 1. Entity Name					FILED			
GOLF VILLAS AT REGATTA BAY CONDOMINIUM ASSOCIATI ON, INC.					02 JUL 30 AM 9: 05			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
4460 LEGENDARY DRIVE. STE. 400 DESTIN FL 32541 US		4460 LEGENDARY DRIVE. STE. 400 DESTIN FL 32541 US						[[] \$8]88
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied For 59–3737541 Not Applicable			
Zip	Country	Zip	Country		5. Certificate of State	us Desired	S8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	. 5		_7. Name and Addre	ss of New Regi	stered Agent	
LEDLER, MITCHELL W 4425 LEGENDARY DRIVE SUITE 400				Name LEGLER, MITCHELL W Street Address (P.O. Box Number is Not Acceptable) 300A Wharfside Way City				
DESTIN FL 32541				Jacksonville FL Zip Code 32207				
	Signature, typed or printed name of registered agent a After September 13, 2002, min. will be \$236.25. OFFICERS AND DIR	9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees	Dep	Check Payable artment of State)
	PD	Delete	TITLE	T	100,110110,0111111020		☐ Change	Addition
NAME	BOS, PETER H 4460 LEGENDARY DRIVE, STE. 40 DESTIN FL 32541		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKEY, WENDY 4460 LEGENDARY DRIVE, STE. 40 DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	446	KER, WENDY O Legendary tin, FL 3254		X Change . 400	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LORENZEN, DWIGHT 4460 LEGENDARY DRIVE, STE. 40 DESTIN FL 32541	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS City-St-zip	VPD FEATHERSTON, GREG 4460 LEGENDARY DRIVE, STE. 40 DESTIN FL 32541	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BUSFIELD, DAVID 4460 LEGENDARY DRIVE, STE. 40 DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 100	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

I hereby certify that the information supplied 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 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.

GNATURE:

Wendy Parker 7/29/02 (850) 337–8000

SIGNATURE

Wendy Parker

7/29/02

(850) 337-8000

CR2E037 (4/02)