

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 07, 2009
Secretary of State

DOCUMENT# N01000002467

Entity Name: GOLF VILLAS AT REGATTA BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4100 LEGENDARY DRIVE
STE. 200
DESTIN, FL 32541 US**New Principal Place of Business:****Current Mailing Address:**4100 LEGENDARY DRIVE
STE. 200
DESTIN, FL 32541 US**New Mailing Address:**29 MIRACLE STRIP PKWY SW
C
FORT WALTON BEACH, FL 32548 US**FEI Number:** 59-3737541**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEGLER, MITCHELL W
50 NORTH LAURA STREET
2900
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**FOWNER, ROBERT D
29 MIRACLE STRIP PKWY SW
C
FORT WALTON BEACH, FL 32548 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: ROBERT D FOWNER

05/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOS, PETER H JR
Address: 4100 LEGENDARY DRIVE, STE. 200
City-St-Zip: DESTIN, FL 32541 US

Title: D,S () Delete
Name: MCMAHON, CYNTHIA
Address: 2320 GLAMIS DRIVE
City-St-Zip: PENSACOLA, FL 32503 US

Title: D,V () Delete
Name: CRAUL, BRUCE
Address: 4100 LEGENDARY DRIVE, STE. 200
City-St-Zip: DESTIN, FL 32541 US

Title: D,P () Delete
Name: FLUMERFELT, WILLIAM
Address: 4520 GOLF VILLA CT 104
City-St-Zip: DESTIN, FL 32541 US

Title: D,T () Delete
Name: FOX, DANIEL
Address: 3480 LAKEVIEW DRIVE SE
City-St-Zip: ELIZABETH, IN 47117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM FLUMERFELT

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date