

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 09, 2009
Secretary of State

DOCUMENT# N03000003861

Entity Name: REGATTA BAY ESTATES NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463**New Principal Place of Business:**UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE ROAD, SUITE #103
CORAL SPRINGS, FL 33065**Current Mailing Address:**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463**New Mailing Address:**UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE ROAD, SUITE #103
CORAL SPRINGS, FL 33065**FEI Number:** 55-0835970**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JAY STEVEN LEVINE PA
LEVINE AND BURR, ATTORNEYS
3300 PGA BLVD., STE. 530
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**CAMPBELL, RENEE
11784 W. SAMPLE ROAD, SUITE #103
CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL

11/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VP () Delete
Name: GOLDSMITH, DANIEL
Address: 11246 MAINSAIL CT.
City-St-Zip: WELLINGTON, FL 33449**Title:** P () Delete
Name: CAFARO, GREGORY
Address: 11134 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449**Title:** ST () Delete
Name: LOMAX, STEVE
Address: 11146 MAINSAIL COURT
City-St-Zip: WELLINGTON, FL 33449**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:

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: MARY LOU PALMER

AGT

11/09/2009

Electronic Signature of Signing Officer or Director

Date