

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000010029	
1. Entity Name REGATTA PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4445 N. A-1-A HIGHWAY SUITE 200 VERO BEACH, FL 32963	Mailing Address 4445 N. A-1-A HIGHWAY SUITE 200 VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0409509	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPIONE, CHRISTOPHER 31 ROYAL PALM POINTE VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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.

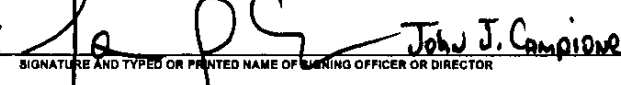
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000605250 01/30/07-80029-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAMPIONE, JOHN 4445 A-1-A HIGHWAY VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMPIONE, CHRISTOPHER 4445 A-1-A HIGHWAY VERO BEACH, FL 32963
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IN THIS SPACE**

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: X  John J. Campione	X 1-23-07	772-978-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #