

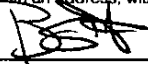


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90062 008 ****61.25

DOCUMENT # N24878 1. Entity Name REGATTA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 21 SE 5TH ST SUITE 100 BOCA RATON, FL 33432 US				Mailing Address 21 SE 5TH ST SUITE 100 BOCA RATON, FL 33432 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0041016	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ELIAS, HOWARD 21 SE 5TH ST SUITE 100 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARINA, ROBERT <input checked="" type="checkbox"/> Delete 10651 BEXLEY BLVD BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Plotkin, Sherry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10671 BEXLEY BLVD. BOCA RATON FL 33428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABRICANT, BRIAN <input type="checkbox"/> Delete 10693 WHEELHOUSE CIR BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BRWON, BOB <input type="checkbox"/> Delete 10533 WHEELHOUSE CIRCLE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, JACK <input type="checkbox"/> Delete 10591 BEXLEY ROAD BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, CRAIG <input type="checkbox"/> Delete 20978 AVENEL RUN BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Brian Fabricant		2/28/07		561-350-5214	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	