## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N24878

FILED May 12, 2008 Secretary of State

Entity Name: REGATTA HOMEOWNERS' ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
21 SE 5TH SUITE 100 BOCA RAT		
Current M	ailing Address:	New Mailing Address:
21 SE 5TH SUITE 100 BOCA RAT		
In accordanc	65-0041016 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
ELIAS, HO 21 SE 5TH SUITE 100 BOCA RAT	ST	
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUF		
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:	D () Delete FARINA, ROBERT 10651 BEXLEY BLVD	Title: ( ) Change ( ) Addition Name: Address:
	BOCA RATON, FL 33428	City-St-Zip:
City-St-Zip: Title: Name: Address: City-St-Zip:		
City-St-Zip: Title: Name: Address:	BOCA RATON, FL 33428  D ( ) Delete FABRICANT, BRIAN 10693 WHEELHOUSE CIR	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BOCA RATON, FL 33428  D ( ) Delete FABRICANT, BRIAN 10693 WHEELHOUSE CIR BOCA RATON, FL 33428  TP ( ) Delete BRWON, BOB 10533 WHEELHOUSE CIRCLE	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: Address:	BOCA RATON, FL 33428  D ( ) Delete FABRICANT, BRIAN 10693 WHEELHOUSE CIR BOCA RATON, FL 33428  TP ( ) Delete BRWON, BOB 10533 WHEELHOUSE CIRCLE BOCA RATON, FL 33428  D ( ) Delete WEISS, JACK 10591 BEXLEY ROAD	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: BRIAN FABRICANT P 05/12/2008