

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000069746 (2)

1. Corporation Name

REGATTA BAY COMPANY



Principal Place of Business

385 HWY. 98 E. STE. 60  
DESTIN FL 32541

Mailing Address

385 HWY. 98 E. STE. 60  
DESTIN FL 32541

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

4. FEI Number

59-3336215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

81 Name

Mitchell W. Legler

82 Street Address (P.O. Box Number is Not Acceptable)

One Independent Dr.

83

Suite 3104

84

City

Jacksonville

FL

85

Zip Code

32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Mitchell W. Legler

4/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

BOS, PETER H

STREET ADDRESS

385 HWY. 98 E., STE. 60

CITY - ST - ZIP

DESTIN FL 32541

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

P

☐ Change

☒ Addition

1.2 NAME

BOS, PETER H.

1.3 STREET ADDRESS

385 Hwy. 98E, Ste. 60

1.4 CITY - ST - ZIP

Destin, FL 32541

2.1 TITLE

V

☐ Change

☒ Addition

2.2 NAME

LORENZEN, DWIGHT

2.3 STREET ADDRESS

385 Hwy. 98E, Ste. 60

2.4 CITY - ST - ZIP

Destin, FL 32541

3.1 TITLE

S

☐ Change

☒ Addition

3.2 NAME

PARKER, WENDY

3.3 STREET ADDRESS

385 Hwy. 98E, Ste. 60

3.4 CITY - ST - ZIP

Destin, FL 32541

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

100001810241  
-05/07/96--01010--033  
\*\*\*200.00

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

Peter H. Bos

4/12/96

(904) 654-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)