

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90180 019 \*\*\*150.00

DOCUMENT # P95000069746

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEGLER, M W  
ONE INDEPENDENT DR.  
SUITE 3104  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

MITCHELL W. LEGLER

82 Street Address (P.O. Box Number is Not Acceptable)  
300A Wharfside Way

83

84 City

Jacksonville

FL

85 Zip Code  
32207

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

Mitchell W. Legler

3/3/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BOS, PETER H  
STREET ADDRESS 385 HWY. 98 E., STE. 60  
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

TITLE V  
NAME LORENZEN, DWIGHT  
STREET ADDRESS 385 HWY. 98 E., STE. 60  
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

TITLE S  
NAME PARKER, WENDY  
STREET ADDRESS 385 HWY. 98 E., STE. 60  
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

TITLE TV  
NAME CLAUSON, GREG  
STREET ADDRESS 385 HWY 98 E., STE 60  
CITY-ST-ZIP DESTIN FL ☐ DELETE

TITLE S  
NAME BURKE, G  
STREET ADDRESS 385 HWY 98 E, STE 60  
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/T  
1.2 NAME BUSFIELD, DAVID A.  
1.3 STREET ADDRESS 385 Hwy 98E, Ste 60  
1.4 CITY-ST-ZIP Destin, FL 32541 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE V  
4.2 NAME CLAUSON, GREG  
4.3 STREET ADDRESS 385 Hwy 98E, Ste 60  
4.4 CITY-ST-ZIP Destin, FL 32541 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Peter H. Bos

4/9/99

Date

850-654-6500

Daytime Phone #

CR2E034 (1/98)