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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000098910 (8)

REGATTA BAY OFFICE DEVELOPERS, INC.

JACKSONVILLE FL 32202

,, <u> </u>						
Principal Place of Business Mailing Address					a labitant tra later Atti Anti matti anti canto to	101 10110 10101 11011 4011 1001
385 HIGHWAY SUITE 80 DESTIN FL 325		385 HIGHWAY 98E Suite 60 Destin Fl 32541			DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 12/06/1996 	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-34 15629	Not Applicable
Sulte, Apt. #	f, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Coun 30	try	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	urrent year Intangible Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
ONE	LER, MITCHELL W E INDEPENDENT DRIVE TE 3104		L	Name Street Add	ress (P.O. Box Number is Not Acceptable)	

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.

84 City

SIGNATURE Signature typod or profed capit of postured apent and title if an Acquire (NOTE, Registered Agent signature required when reinstating) DATE									
12.	Signature typod or printed name of registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS		13.						
TITLE	PID	DELETE	1.1 TITLE	D/P	Change Addition				
NAME	BOS, PETER H		1.2 NAME	BOS, PETER H.					
STREET ADDRESS	385 HIGHWAY 98E, SUITE 60		1.3 STREET ADDRESS	385 HWY 98E, STE 60					
CITY-ST-ZIP	DESTIN FL		1.4 CITY - ST - ZIP	DESTIN, FL 32541					
TITLE	V	DELETE	2.1 THILE	T/V	v Change ☐ Addition				
NAME	CLAUSON, GREG	_	2.2 NAME	CLAUSON, GREG	**				
STREET ADDRESS	385 HWY 98 E, 60		2 3 STREET ADDRESS	385 HWY 98E, STE 60					
CITY-ST-ZiP	DESTIN FL		2. 4 CITY-ST-ZIP	DESTIN, FL 32541	i				
TITLE		DELETE	3.1 TULE		☐ Change ☐ Addition				
NAME	LORENZEN, DWIGHT	_	3 2 NAME						
STREET ADDRESS	385 HWY 98E, 60		3 3 STREET ADDRESS						
CITY-ST-ZIP	DESTIN FL		3 4. CITY-ST-ZIP						
TITLE	8	DELETE	4.1 TITLE		Change Addition				
NAME	PARKER, WENDY		4.2 NAME		-				
STREET ADDRESS	385 HWY 98 E, 60		4.3 STREET ADDRESS						
	DESTIN FL		4.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	S	Change Addition				
NAME			5.2 NAME	BURKE, GAIL	_ · r				
			5.3 STREET ADDRESS						
STREET ADORESS				385 HWY 98E, STE 60					
CITY-\$1-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	DESTIN, FL 32541	Change Addition				
		_ Jeen	6.2 NAME						
NAME			6.3 STREET ADDRESS						
STREET ADDRESS	/)								
CHTY-ST-ZIP	/ /		6.4 CITY - ST - ZIP	l					

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 rimual 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 of the receiver or trustee employees 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 at a facilities.

Peter H. Bos

4/1/98 (850) 654-6500

Zip Code

FILED

May 15 1998 8:00am

Secretary of State