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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90026 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S97011

1. Corporation Name
ENCLAVE AT REGATTA BAY, INC.

Principal Place of Business
**385 HIGHWAY 98 EAST
SUITE 60
DESTIN FL 32541**

Mailing Address
**385 HIGHWAY 98 EAST
SUITE 60
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1991

4. FEI Number **59-3105156** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**MITCHELL W. LEGLER
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* **Mitchell W. Legler** DATE **3/3/99**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **DP**
NAME **BOS, PETER H**
STREET ADDRESS **385 HIGHWAY 98 EAST #60**
CITY-ST-ZIP **DESTIN FL**

TITLE **TV**
NAME **CLAUSON, GREG**
STREET ADDRESS **385 HIGHWAY 98 E #60**
CITY-ST-ZIP **DESTIN FL**

TITLE **V**
NAME **EMPSON, DANIEL**
STREET ADDRESS **385 HIGHWAY 98 E #60**
CITY-ST-ZIP **DESTIN FL**

TITLE **S**
NAME **PARKER, WENDY L.**
STREET ADDRESS **385 HIGHWAY 98 E #60**
CITY-ST-ZIP **DESTIN FL**

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

TITLE **V**
NAME **LORENZEN, D C**
STREET ADDRESS **385 HWY 98E, STE 60**
CITY-ST-ZIP **DESTIN FL 32541**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

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**

2.1 TITLE **V**
2.2 NAME **CLAUSON, GREG**
2.3 STREET ADDRESS **385 Hwy 98E, Ste 60**
2.4 CITY-ST-ZIP **Destin, FL 32541**

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

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: *Peter H. Bos* **Peter H. Bos**

4/9/99

850-654-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)