

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 766738 (9)

1. Corporation Name

REGATTA POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1000-1050 RIVERSIDE DR.  
P O BOX 276  
PALMETTO FL 34220-7276

Mailing Address

1000-1050 RIVERSIDE DR.  
P O BOX 276  
PALMETTO FL 34220-7276

3. Date Incorporated or Qualified  
01/27/1983

3a. Date of Last Report  
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-2379159

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEDOM MANAGEMENT SERVICES INC  
419 OLD MAIN STR  
BRADENTON FL 34205

81 Name

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

410 OLD MAIN STREET

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.050 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of individual or printed name of registered agent and title if not individual

HARRY BLENKER

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-96

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE  
NAME SIMPSON, DONNA  
STREET ADDRESS 1000 RIVERSIDE DR. B503  
CITY-ST-ZIP PALMETTO FL

TITLE D ☒ DELETE  
NAME RYBERG, HILDA  
STREET ADDRESS 1000 RIVERSIDE DRIVE  
CITY-ST-ZIP PALMETTO FL 34221

TITLE D ☒ DELETE  
NAME WESTENDOW, PAUL  
STREET ADDRESS 1000-1050 RIVERSIDE DR.  
CITY-ST-ZIP PALMETTO FL 34220-7276

TITLE D ☐ DELETE  
NAME ERVIN, VIRGINIA  
STREET ADDRESS 1050 RIVERSIDE DR., A-405  
CITY-ST-ZIP PALMETTO FL

TITLE PD ☐ DELETE  
NAME LUCILLE, MURRAY  
STREET ADDRESS 1050 RIVERSIDE DR #A302  
CITY-ST-ZIP PALMETTO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME MOORE, VIOLET  
1.3 STREET ADDRESS 1000 RIVERSIDE DR B501  
1.4 CITY-ST-ZIP PALMETTO, FL 34201

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME SMITH, VIRGINIA  
2.3 STREET ADDRESS 1000 RIVERSIDE DR B204  
2.4 CITY-ST-ZIP PALMETTO, FL 34221

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME WESTENDORF  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 34201

4.1 TITLE VPD ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 34201

5.1 TITLE STD ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 34201

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2/96 729-3080

CR2E037 (12/95)