

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34220-0276**

3. Date Incorporated or Qualified  
**01/27/1983**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

Country

**24**

**25**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

Country

**29**

**30**

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

**FREEDOM MANAGEMENT SERVICES INC  
410 OLD MAIN STREET  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, VIOLET</b>	
STREET ADDRESS	<b>1000 RIVERSIDE DR. B501</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, VIRGINIA</b>	
STREET ADDRESS	<b>1000 RIVERSIDE DR. B204</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WESTENDORF, PAUL</b>	
STREET ADDRESS	<b>1000-1050 RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ERVIN, VIRGINIA</b>	
STREET ADDRESS	<b>1050 RIVERSIDE DR., A-405</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUCILLE, MURRAY</b>	
STREET ADDRESS	<b>1050 RIVERSIDE DR #A302</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Quarant</b>
1.3 STREET ADDRESS	<b>Donna C. Simpson</b>
1.4 CITY-ST-ZIP	<b>1000 Riverside Dr. 503-B Palmetto, Fla</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bill Martin</b>
2.3 STREET ADDRESS	<b>1000 Riverside Dr. 401-B</b>
2.4 CITY-ST-ZIP	<b>Palmetto, Fla</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Director Orman</b>
3.3 STREET ADDRESS	<b>Don W. Under</b>
3.4 CITY-ST-ZIP	<b>1000 Riverside Dr. 404-B Palmetto, Fl.</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Director Virginia Ervin</b>
4.3 STREET ADDRESS	<b>1050 Riverside Dr. 405-A</b>
4.4 CITY-ST-ZIP	<b>Palmetto, Fl.</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Director Don Murray</b>
5.3 STREET ADDRESS	<b>1050 Riverside Dr. 300-A</b>
5.4 CITY-ST-ZIP	<b>Palmetto, Fl.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**APR 29, 1997**

Date

Daytime Phone # **0062208**

CR2E037 (9/96)