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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90212 048 \*\*\*\*61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/27/1983

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

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)

1905 Maracay Ave. W.

83

84 City

Bradenton

FL

85 Zip Code

34205

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 P  
NAME THOMAS, WINDER F  
STREET ADDRESS 1000 RIVERSIDE DR. #404  
CITY-ST-ZIP PALMETTO FL 34221 ☒ DELETE

TITLE VP  
NAME SIMPSON, DONNA C  
STREET ADDRESS 1000 RIVERSIDE DR. #503  
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

TITLE DT  
NAME BROSHEARS, JOHN  
STREET ADDRESS 1000 RIVERSIDE DR. #201  
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

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

TITLE D  
NAME MURRAY, LOU  
STREET ADDRESS 1050 RIVERSIDE DR. #A-302  
CITY-ST-ZIP PALMETTO FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Barbara Smith ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1050 Riverside Dr. #A-101  
1.4 CITY-ST-ZIP Palmetto, FL 34201

2.1 TITLE Lucille Murray ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1050 Riverside Dr. #A-302  
2.4 CITY-ST-ZIP Palmetto, FL 34201

3.1 TITLE President ☒ Change ☐ Addition  
3.2 NAME John Broshears, MD.  
3.3 STREET ADDRESS Palmetto, FL 34201  
3.4 CITY-ST-ZIP

4.1 TITLE John Morris ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1000 Riverside Dr. #B-403  
4.4 CITY-ST-ZIP Palmetto, FL 34201

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)