

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766738

1. Entity Name

REGATTA POINTE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90161 025 ****61.25

Principal Place of Business

Mailing Address

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

1000-1050 RIVERSIDE DR.
P O BOX 276
PALMETTO FL 34220-0276

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2379159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEDOM MANAGEMENT SERVICES INC
1905 MANATEE AVE. W.
BRADENTON FL 34205

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, BARBARA	
STREET ADDRESS	1050 RIVERSIDE DR. #A-101	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIMPSON, DONNA C	
STREET ADDRESS	1000 RIVERSIDE DR. #503	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROSHEARS, JOHN	
STREET ADDRESS	1000 RIVERSIDE DR. #201	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERVIN, VIRGINIA	
STREET ADDRESS	1050 RIVERSIDE DR., A-405	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, LOU	
STREET ADDRESS	1050 RIVERSIDE DR. #A-302	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN	
STREET ADDRESS	1000 RIVERSIDE DR. # B-403	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BIGMANUS S. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00

CR2E037 (9/99)