NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 10 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766738

1. Entity Name: REGATTA POINTE CONDOMINIUM ASSOC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 01-02

2. Principal Place of Business	3. Mailing Address
4400 EL CONQUISTADOR Pkwy	4400 EL CONQUISTADOR Pkwy
Suite, Apt. #, etc.: # 1	Suite, Apt. #, etc.: # 1
City & State: BRADENTON FL	City & State: BRADENTON FL
Zip: 34210 Country: USA	Zip: 34210 Country: USA

4. FEI Number: 592379159 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANNA KELLY C/O HARMONY MGT

Street Address (P.O. Box Number is Not Acceptable): 4400 EL CONQUISTADOR Pkwy # 1

City: BRADENTON FL Zip Code: 34210

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] 4-16-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	P D
NAME	ROGER MORRIS
STREET ADDRESS	1000 RIVERSIDE DR # B504
CITY-ST-ZIP	~~BRADENTON~~ → FL 34221 (PALMETTO)
TITLE	VP D
NAME	DONNA SIMPSON
STREET ADDRESS	1000 RIVERSIDE DR # B503
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	TREAS D
NAME	JAMES KAESS
STREET ADDRESS	1050 RIVERSIDE DR # A401
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	SEC D
NAME	MARGARET PENNER
STREET ADDRESS	1000 RIVERSIDE DR # B102
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	DIR @ LP
NAME	LAMAR JACOBS
STREET ADDRESS	1000 RIVERSIDE DR # B101
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	800005972398--3
NAME	-06/25/02--01038--029
STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	
TITLE	800005972398--3
NAME	-06/25/02--01038--030
STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	
TITLE	**IN THIS SPACE**
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	61.25 - AR only
NAME	
STREET ADDRESS	61.25 Add Temp DD
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROGER C. MORRIS (PRES)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #