2005 NOT-FOR-PROFIT CORPORATION, ANNUAL REPORT

Secretary of State DOCUMENT # 766738 02-25-2005 90144 046 ****61.25 REGATTA POINTE CONDOMINIUM ASSOCIATION, INC. 40022333 Principal Place of Business Mailing Address 4400 EL CONQUISTADOR PKWY., #1 4400 EL CONQUISTADOR PKWY., #1 BRANDENTON, FL 34210 BRANDENTON, FL 34210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 Cha-NP CR2E037 (10/03) City & State City & State Applied For FEI Number 59-2379159 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, ANNA 4400 EL CONQUISTADOR PKWY., #1 Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34210 City Zip Code FL 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. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition SCHUMACHER, FRANK NAME STREET ADDRESS 1050 RIVERSIDE DR. #17202 STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition **GUTHERIE, GARY** NAME STREET ADDRESS 1050 RIVERSIDE DR. #103 STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP ☐ Delete TITLE Addition BECKER, MARK NAME 1000 RIVERSIDE DR. B 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition PENNER, MARGARET NAME STREET ADDRESS 1000 RIVERSIDE DR., #B102 STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition BORDAY, SAMDEL NAME 1000 RIVERSIDE DR B402 STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE

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 his 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 impowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05 941-728-285

FILED Feb 25, 2005 8:00 am

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