

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90032 032 ****61.25

DOCUMENT # 766738

1. Entity Name
REGATTA POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4301 32ND STREET WEST
SUITE A-20
BRADENTON, FL 34205**

Mailing Address
**4301 32ND STREET WEST
SUITE A-20
BRADENTON, FL 34205**

40067192



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2379159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C&S CONDOMINIUM MANAGEMENT SERVICES, INC.
4301 32ND STREET WEST
SUITE A-20
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER, FRANK	
STREET ADDRESS	1050 RIVERSIDE DR. #17202	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOGUIN, CHRIS	
STREET ADDRESS	1000 RIVERSIDE DR. B202	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BECKER, MARK	
STREET ADDRESS	1000 RIVERSIDE DR. B 104	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTEUCCI, CHESTER	
STREET ADDRESS	1000 RIVERSIDE DR. B301	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHEWING, JEFF	
STREET ADDRESS	1000 RIVERSIDE DR. B203	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Howison	
STREET ADDRESS	1050 Riverside Dr. #A303	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christel Anderson	
STREET ADDRESS	1050 Riverside Dr. #A201	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Dimino	
STREET ADDRESS	1050 Riverside Dr. #A101	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #