; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this		
re, or on an attachment with all other like empowered.		
GNATURE: LAW . WILLIAM	PRESIDENT	04/25/2023

Officer/Direc	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	LAW, WILLIAM	Name	ELLEN, BARBARA
Address	10500 UNIVERSITY CENTER DR. 190	Address	10500 UNIVERSITY CENTER DR. 190
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612
Title	SECRETARY	Title	TREASURER
Name	BORODA, SAM	Name	KUTIS, CAMILLE
Address	10500 UNIVERSITY CENTER DR. 190	Address	10500 UNIVERSITY CENTER DR. 190
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612
Title	DIRECTOR		
Name	GOULD, LEO		
Address	10500 UNIVERSITY CENTER DR. 190		
City-State-Zip:	TAMPA FL 33612		

VANGUARD MANAGEMENT GROUP, LLC. 10500 UNIVERSITY CENTER DR. 190

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.

# 8106 CORTEZ ROAD W BRADENTON, FL 34210

**Current Principal Place of Business:** 

## **Current Mailing Address:**

**DOCUMENT# 766738** 

**REPORT** 

10500 UNIVERSITY CENTER DR. 190 TAMPA, FL 33612 US

### FEI Number: 59-2379159

### Name and Address of Current Registered Agent:

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: REGATTA POINTE CONDOMINIUM ASSOCIATION, INC.

TAMPA, FL 33612 US

SIGNATURE: JANET MOYER

Electronic Signature of Registered Agent

I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to above, or on an attachment with all other like empowered.		
SIGNATURE: LAW , WILLIAM	PRESIDENT	04/25/202

SIGNATURE: LAW, WILLIAM

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/25/2023 Date

Date