

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769660 (2)**  
1. Corporation Name

**CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**12734 KENWOOD LANE  
STE - 32  
FT. MYERS FL 33907  
US**

Mailing Address  
**12734 KENWOOD LANE  
ST - 32  
FT. MYERS FL 33907  
US**

3. Date Incorporated or Qualified  
**08/02/1983**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

4. FEI Number  
**59-2410121**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

~~CELAS, ROBERT E~~  
**12734 KENWOOD LANE / STE - 32  
FORT MYERS FL 33907**

**81** Name **Michael Fleming**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83** **Same**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0507 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE **4/10/96**

## 12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	HILL, HAROLD	822 SW 48TH TERRACE / STE - A103	CAPE CORAL FL	<input type="checkbox"/>
TD	HILL, RUSTY	822 SW 48TH TERRACE / STE - A103	CAPE CORAL FL	<input type="checkbox"/>
D	HARRISON, PATTI	816 SW 48TH TERRACE / STE - C103	CAPE CORAL FL	<input type="checkbox"/>
VD	BATCHELDER, DON	822 SW 48TH TERRACE / STE - A202	CAPE CORAL FL	<input type="checkbox"/>
SD	BATCHELORS, DORIS	822 SW 48TH TER A-202	CAPE CORAL FL	<input type="checkbox"/>
D	DAKOS, NICK	3733 LAVERN STREET	FORT MYERS FL	<input type="checkbox"/>

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/96** Daytime Phone # **419397576**

CR2E037 (12/95)