

FILE NOW: FILING FEE IS \$61.25

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May 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 769660 (2)
1. Corporation Name
CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
12734 KENWOOD LANE **12734 KENWOOD LANE**
STE - 32 **ST - 32**
FT. MYERS FL 33907 **FT. MYERS FL 33907-5686**
US **US**

3. Date Incorporated or Qualified **08/02/1983** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2410121** Applied For
Not Applicable
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

C/O Marquis Management, Inc. C/O Marquis Management, Inc.
12661 New Brittany Blvd. 12661 New Brittany Blvd.
Fort Myers, FL 33907 Fort Myers, FL 33907

24 25 29 30
9. Name and Address of Current Registered Agent
MICHAEL FLEMING
12734 KENWOOD LANE / STE - 32
FORT MYERS FL 33907
81 Ne **Stilphen, Peter**
82 St **Marquis Management, Inc.**
83 **12661 New Brittany Blvd.**
84 Ci **Fort Myers, FL 33907**
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 *Peter Stilphen* **PETER STILPHEN** 1/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, HAROLD	1.2 NAME	
STREET ADDRESS	822 SW 48TH TERRACE / STE - A103	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RUSTY	2.2 NAME	
STREET ADDRESS	822 SW 48TH TERRACE / STE - A103	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, PATTI	3.2 NAME	
STREET ADDRESS	816 SW 48TH TERRACE / STE - C103	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELDER, DON	4.2 NAME	
STREET ADDRESS	822 SW 48TH TERRACE / STE - A202	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELORS, DORIS	5.2 NAME	
STREET ADDRESS	822 SW 48TH TER A-202	5.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKOS, NICK	6.2 NAME	
STREET ADDRESS	3733 LAVERN STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL	6.4 CITY - ST - ZIP	

14. I do 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 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]* **9/2/97** **939757**

CR2E037 (9/96)