


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769660** (2)  
1. Corporation Name  
**CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FT. MYERS FL 33907 US</b>	Mailing Address <b>C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FT. MYERS FL 33907 US</b>
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2. Principal Place of Business <b>c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US</b>	2a. Mailing Address <b>c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US</b>
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3. Date Incorporated or Qualified <b>08/02/1983</b>	
4. FEI Number <b>59-2410121</b>	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

24	25	29	30
9. Name and Address of Current Registered Agent <b>STIPHE, PETER MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907</b>			
10. Name and Address of New Registered Agent 81 Name <b>Stiphen, Peter</b> 82 Street <b>Marquis Management, Inc.</b> 83 <b>9400 Gladiolus Drive #100</b> 84 City <b>Fort Myers, FL 33908 US</b> 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

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

14. 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 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:

*[Handwritten Signature]*

3/5/98

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