

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90119 031 \*\*\*\*61.25

DOCUMENT # 769660

1. Corporation Name

CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O MARQUIS MANAGEMENT INC.  
9400 GLADIOLUS DRIVE #100  
FT. MYERS FL 33908  
US

Mailing Address

C/O MARQUIS MANAGEMENT INC.  
9400 GLADIOLUS DRIVE #100  
FT. MYERS FL 33908  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/02/1983

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

9. Name and Address of Current Registered Agent

STILPHEN, PETER  
MARQUIS MANAGEMENT INC.  
9400 GLADIOLUS DRIVE #100  
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

Michael Fleming c/o  
Marquis Management Inc.  
9400 Gladiolus Dr. #100  
Fort Myers, FL 33908

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

TITLE PD ☐ DELETE

NAME HILL, HAROLD  
STREET ADDRESS 822 SW 48TH TERRACE / STE - A103  
CITY-ST-ZIP CAPE CORAL FL

TITLE TD ☐ DELETE

NAME HILL, RUSTY  
STREET ADDRESS 822 SW 48TH TERRACE / STE - A103  
CITY-ST-ZIP CAPE CORAL FL

TITLE D15 ☐ DELETE

NAME HARRISON, PATTI  
STREET ADDRESS 816 SW 48TH TERRACE / STE - C103  
CITY-ST-ZIP CAPE CORAL FL

TITLE VD ☐ DELETE

NAME BATCHELDER, DON  
STREET ADDRESS 822 SW 48TH TERRACE / STE - A202  
CITY-ST-ZIP CAPE CORAL FL

TITLE SD ☒ DELETE

NAME BATCHELORS, DORIS  
STREET ADDRESS 822 SW 48TH TER A-202  
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☒ DELETE

NAME DAKOS, NICK  
STREET ADDRESS 3733 LAVERN STREET  
CITY-ST-ZIP FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

P Rizzuto, Dorothy  
822 SW 48th Terr #102  
Cape Coral FL 33922

D Shepler, Karin  
4817 SW 8th Pl #203  
Cape Coral FL 33922

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)