

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769660

1. Entity Name

CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90107 047 ****61.25

Principal Place of Business

Mailing Address

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

C/O MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DRIVE #100
FT. MYERS FL 33908-6698
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2410121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEMING, MICHAEL
MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 (9/99)