

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90076 049 ****61.25

DOCUMENT # 769660

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2410121

Applied For

Not Applicable

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 ARLENE O'NEILL
Street Address (P.O. Box Number is Not Acceptable)
MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE #100
City FT MYERS FL Zip Code 33908

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 Arlene O'Neill, Agent
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/01

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	<input checked="" type="checkbox"/> Delete
NAME	HILL, HAROLD	
STREET ADDRESS	822 SW 48TH TERRACE / STE - A103	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HILL, RUSTY	
STREET ADDRESS	822 SW 48TH TERRACE / STE - A103	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, PATTI	
STREET ADDRESS	816 SW 48TH TERRACE / STE - C103	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATCHELDER, DON	
STREET ADDRESS	822 SW 48TH TERRACE / STE - A202	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BATCHELORS, DORIS	
STREET ADDRESS	822 SW 48TH TER A-202	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PALTY, RICHARD	
STREET ADDRESS	822 SW 48TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINARDO, MICHAEL	
STREET ADDRESS	816 S.W. 48 TERR. #203C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, PATRICIA	
STREET ADDRESS	816 S.W. 48TH TERR #103C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELDER, DORIS	
STREET ADDRESS	822 S.W. 48TH TERR #202A	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONTIFF, DIANE	
STREET ADDRESS	4817 S.W. 8th PL. #801D	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREAZ, JOHN	
STREET ADDRESS	5013 SAXONY CT.	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, JOSEPH	
STREET ADDRESS	816 S.W. 48TH TERR. #101C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

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: Michael Minardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)