2002 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2002 8:00 am Secretary of State **DOCUMENT # 769660** 1. Entity Name CAPE REGATTA CONDOMINIUM ASSOCIATION, INC. 05-03-2002 90154 007 ****61 25 Principal Place of Business Mailing Address C/O:MARQUIS MANAGEMENT INC. C/O MARQUIS MANAGEMENT INC. 9400 GLADIOULUS DRIVE #100 9400 GLADIOLUS DRIVE #100 FT. MYERS FL 33908 FT. MYERS FL 33908 US. US 2. Principal Place of Business 3. Mailing Address % ERA-HERITAGE REALITY, INC. % ERA-HERTTAGE REALTY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4226 DEL PRADO BLVD. 4226 DEL PRADO BIVO City & State City & State 4. FEI Number Applied For CAPÉ CORAL, FL. 59-2410121 CAPE CORAL, FI Not Applicable Country Zip Country 33904 \$8.75 Additional 5. Certificate of Status Desired LEF 33904 LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ILAMARIE PIERCE ONEILL, ARLENE Street Address (P.O. Box Number is Not Acceptable) 4226 DEL PRADO BIATO MARQUIS MANAGEMENT INC. 9400 GLADIOULUS DRIVE #100 FORT MYERS FL 33908 CAPE CORAL, FL, Zip Code 33904 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the state of Florida. auce ILAMARIE PIERCE 20, 2002 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MINARDO, MICHAEL NAME NAME STREET ADDRESS 816 S.W. 48 TERR #203C STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HARRISON, PATRICIA NAME NAME STREET ADDRESS 816 S.W. 48TH TERR #103C STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete 📈 TITLE SD PAT PALLIKAN Change Change ☐ Addition NAME BATCHELDER DORIS NAME 4817 SW 8th PL. #D-101 STREET ADDRESS 822 S.W. 48TH TERR #202A STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL. 33914 CAPE CORAL FL 33914 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DONTIFF, DIANE NAME ALICE HUBI NAME 816 SW 48th TERR. #C-101 STREET ADDRESS 4817 S.W. 8TH PL #201D STREET ADDRESS CAPE CORAL, FL. 33914 CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP SD TITLE **X** Delete TITLE ☐ Addition ☐ Change BATCHELORS, DORIS NAME NAME STREET ADDRESS 822 SW 48TH TER A-202 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP TITLE ∑ Delete TITLE ☐ Change Addition BREAZ, JOHN · NAME NAME STREET ADORESS 5013 SAXONY CT STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33914 CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 211 other like empowered.

SIGNATURE:

SRE MICHAZUS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

(9/01)