


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

05-04-2004 90127 025 ****61.25
07-23-2004 90006 022 ****61.25

DOCUMENT # 769660	
1. Entity Name CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O ERA-HERITAGE REALTY, INC 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US	Mailing Address C/O ERA-HERITAGE REALTY, INC 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US
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2. Principal Place of Business 1342 SE 46th Lane Suite, Apt. #, etc.	3. Mailing Address 1342 SE 46th Lane Suite, Apt. #, etc.
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City & State Cape Coral FL	City & State Cape Coral FL
Zip 33910	Zip 33910
Country US	Country US

44049579



05252004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent PIERCE, ILAMARIE 4226 DEL PRADO BLVD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name: Teague, George Street Address (P.O. Box Number is Not Acceptable): 910 Professional by Yours, Inc. 1342 SE 46th Lane City: Cape Coral FL Zip Code: 33910	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25, Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASEY, ROBERT 4817 SE 8TH PL #101 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Mileto 4811 SW 8th Place #E103 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRISON, PATRICIA 816 S.W. 48TH TERR #103C CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Al Rizzo 822 SW 48th Terrace #A103 Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALLIKAN, PAT 4817 SW 8 PL, #D-101 CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBER, ALICE 4817 SW 8 PL, #C-101 CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Don Lorenz 822 SW 48th Terrace #A102 Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Donald H. Lorenz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #