

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90043 046 \*\*\*\*61.25

<b>DOCUMENT # 769660</b> 1. Entity Name <b>CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1342 SE 46TH LANE</b> <b>CAPE CORAL, FL 33910 US</b>		Mailing Address <b>1342 SE 46TH LANE</b> <b>CAPE CORAL, FL 33910 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>Proffessionally Yours, Inc.</b> <b>P.O. Box 100831</b> Suite, Apt. #, etc. City & State <b>Cape Coral, FL</b> Zip <b>33910</b> Country <b>USA</b>	
		02112005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2410121</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GEORGE TEAGUE</b> <b>C/O PROFESSIONALLY YOURS INC</b> <b>1342 SE 46TH LANE</b> <b>CAPE CORAL, FL 33910</b>		7. Name and Address of New Registered Agent Name <b>George Teague</b> Street Address (P.O. Box Number is Not Acceptable) <b>Proffessionally Yours, Inc.</b> <b>8270 College Pkwy #103</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33919</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILEFE, JOHN 4811 SW 8TH PLACE # E103 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Lamb 816 SW 118th Terrace # C-102 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIZZO, AL 822 SW 48TH TERRACE # A103 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Larry Toth 4817 SW 8th Place # D-103 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALLIKAN, PAT 4817 SW 8 PL, #D-101 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD- LORENZ, DON 822 SW 48TH TERRACE # A02 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: <u>Don Lorenz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/4/05</u> <small>Daytime Phone #</small>	