

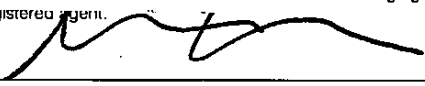
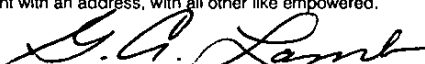


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 003 ****61.25

DOCUMENT # 769660 1. Entity Name CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2517 Santa Barbara Blvd. #11 CAPE CORAL, FL 33914US				Mailing Address C/O PROFESSIONALLY YOURS, INC P.O. BOX 100831 CAPE CORAL, FL 33910 US	
2. Principal Place of Business		3. Mailing Address		 03022006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 59-2410121				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, TEAQUE C/O PROFESSIONALLY YOURS INC 2517 Santa Barbara Blvd., #11 Cape Coral, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
I am familiar with, and accept the obligations of registered agent, in case of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMB, GEORGE		NAME		
STREET ADDRESS	816 SW 48TH TERRACE # C-102		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOTH, LARRY		NAME		
STREET ADDRESS	4817 SW 8TH PLACE # D-103		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALLIKAN, PAT		NAME		
STREET ADDRESS	4817 SW 8 PL, #D-101		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORENZ, DON		NAME		
STREET ADDRESS	822 SW 48TH TERRACE # A02		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Sec. Sonia Raymond	
STREET ADDRESS			STREET ADDRESS	4811 SW 8th Pl. #E101	
CITY-ST-ZIP			CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <div style="float: right; text-align: right;"> 4/24/06 <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					