

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90319 013 ****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

40008738



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

☐ CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	MINARDO, MICHAEL	
STREET ADDRESS	816 S.W. 48 TERR #203C	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRISON, PATRICIA	
STREET ADDRESS	816 S.W. 48TH TERR #103C	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALLIKAN, PAT	
STREET ADDRESS	4817 SW 8 PL, #D-101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUBER, ALICE	
STREET ADDRESS	4817 SW 8 PL, #C-101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD Robert Casey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4817 SE 8th. Pl. #101	
STREET ADDRESS	Cape Coral, Fl. 33904	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ILAMARIE PIERCE 4/23/03 234-542-8712

CR2E037 (10/02)