

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002722

1. Entity Name

REGATTA AT BAY HARBOR CONDOMINIUM ASSOCIATION, I

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90085 027 \*\*\*\*70.00

Principal Place of Business 10350 W BAY HARBOR DR BAY HARBOR FL 33154	Mailing Address 10350 W BAY HARBOR DR BAY HARBOR FL 33154-1295
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 2507 Post Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. 90 Southport Capital Corp

City & State Southport CT	4. FEI Number 06-1575242	Applied For <input type="checkbox"/> Not Applicable
Zip 06490	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL  
 BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.  
 20803 BISCAYNE BLVD, SUITE 200  
 AVENTURA FL 33180

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME LEVIN, JENNIFER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2803 BISCAYNE BLVD, SUITE #200	CITY-ST-ZIP AVENTURA FL 33180	
TITLE VD	NAME SERGILE, JUDITH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2803 BISCAYNE BLVD, SUITE #200	CITY-ST-ZIP AVENTURA FL 33180	
TITLE STD	NAME CUSACK, LORRY A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2803 BISCAYNE BLVD, SUITE #200	CITY-ST-ZIP AVENTURA FL 33180	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President + Director	NAME David A. DeLo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2507 Post Road	CITY-ST-ZIP Southport, CT 06490	
TITLE Vice President + Director	NAME E. Packer Wilbur	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2507 Post Road	CITY-ST-ZIP Southport, CT 06490	
TITLE Secretary/Tras/ Director	NAME Wendy Fitzhagen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2507 Post Road	CITY-ST-ZIP Southport, CT 06490	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date: 4/20/00 Daytime Phone #: 203-255-3434

05/17/1999