

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90251 009 \*\*\*\*61.25

DOCUMENT # *N99000002722*

1. Entity Name  
*Regatta at Bay Harbor Condominium Assoc., Inc.*

Principal Place of Business: *10350 West Bay Harbor Drive, Bay Harbor, FL 3354*  
 Mailing Address: *10350 West Bay Harbor Dr., Bay Harbor, FL 33154-1245*

**C0067828**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FET Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<i>Bedzow, Michael Leopold Korn + Leopold 20801 Biscayne Blvd Suite 501 Aventura, FL 33180</i>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<i>President &amp; Director</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>E. Packer Wilbur</i>			NAME			
STREET ADDRESS	<i>2507 Post Road</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>Southport, CT 06490</i>			CITY-ST-ZIP			
TITLE	<i>Vice President &amp; Treasurer</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>Wendy F. Hazen</i>			NAME			
STREET ADDRESS	<i>2507 Post Road</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>Southport CT 06490</i>			CITY-ST-ZIP			
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>Rosemary Afholderbach</i>			NAME			
STREET ADDRESS	<i>2507 Post Road</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>Southport CT 06490</i>			CITY-ST-ZIP			
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			
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			
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 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 information.

SIGNATURE: *Wendy F. Hazen, Treasurer* Date: *4/21/01* Daytime Phone #: *203-255-3434*

CR2E037 (11/00)