

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769660

**Entity Name:** CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PROFESSIONAL REALTY  
3501 DEL PRADO BLVD S SUITE 308  
CAPE CORAL, FL 33914

**Current Mailing Address:**

P.O. BOX 100831  
CAPE CORAL, FL 33910-0831 US

**FEI Number: 59-2410121**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PROFESSIONAL REALTY  
C/O PROFESSIONAL REALTY  
3501 DEL PRADO BLVD S SUITE 308  
CAPE CORAL, FL 33914 US

*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: JOAN FOYE**

**04/28/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MONITO, ANTHONY  
Address        C/O PROFESSIONAL REALTY  
                  3501 DEL PRADO BLVD S SUITE 309  
City-State-Zip: CAPE CORAL FL 33904

Title            S  
Name            RAYMOND, SONIA  
Address        C/O PROFESSIONAL REALTY  
                  3501 DEL PRADO BLVD S SUITE 308  
City-State-Zip: CAPE CORAL FL 33914

Title            VP  
Name            CONNIE, ANNETTE  
Address        C/O PROFESSIONAL REALTY  
                  3501 DEL PRADO BLVD S SUITE 309  
City-State-Zip: CAPE CORAL FL 33904

Title            DIRECTOR  
Name            DECICCO, FRANK  
Address        C/O PROFESSIONAL REALTY  
                  3501 DEL PRADO BLVD S SUITE 308  
City-State-Zip: CAPE CORAL FL 33914

Title            TREASURER  
Name            OLSON, DAVID  
Address        C/O PROFESSIONAL REALTY  
                  3501 DEL PRADO BLVD S SUITE 308  
City-State-Zip: CAPE CORAL FL 33914

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY MONITO**

**PRESIDENT**

**04/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date