

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769660

Entity Name: CAPE REGATTA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SW 48TH TERR.
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:**GEORGE, TEAGUE
3501 DEL PRADO
100
CAPE CORAL, FL 33904 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD
Name	MILEFF, JOHN
Address	3501 DEL PRADO BLVD; STE 100
City-State-Zip:	CAPE CORAL FL 33904

Title	PD
Name	TOTH, LARRY
Address	3501 DEL PRADO BLVD; STE 100
City-State-Zip:	CAPE CORAL FL 33904

Title	S
Name	RAYMOND, SONIA
Address	3501 DEL PRADO BLVD; STE 100
City-State-Zip:	CAPE CORAL FL 33904

Title	VPD
Name	CONNIE, ANNETTE
Address	3501 DEL PRADO BLVD; STE 100
City-State-Zip:	CAPE CORAL FL 33904

Title	D
Name	MONITTO, ANTHONY
Address	3501 DEL PRADO BLVD; #100
City-State-Zip:	CAPE CORAL FL 33904

Title	D
Name	CORRADO, JOSEPH
Address	3501 DEL PRADO BLVD; STE 100
City-State-Zip:	CAPE CORAL FL 33904

Title	DIRECTOR
Name	DONNER, DEBRA B
Address	3501 DEL PRADO BLVD, SUITE 100
City-State-Zip:	CAPE CORAL FL 33904

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 MONITTO**D****04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date