

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

06-18-2008 90001 033 \*\*\*\*61.25

<b>DOCUMENT # N03599</b> 1. Entity Name <b>MIRIMAR ARMS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O INNOVATIVE PROPERTY MANAGEMENT I, CORP</b> <b>1532 JACKSON STREET</b> <b>FORT MYERS, FL 33901 US</b>				Mailing Address <b>C/O INNOVATIVE PROPERTY MANAGEMENT I, CORP</b> <b>1532 JACKSON STREET</b> <b>FORT MYERS, FL 33901 US</b>	
2. Principal Place of Business - No P.O. Box <b>4903 Vincennes St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O Rossman Prop. Mgmt.</b> <b>1104 SE 46th Lane #2</b> Suite, Apt. #, etc.		<b>40100500</b> 	
City & State <b>Cape Coral, FL</b> Zip <b>33904</b>		City & State <b>Cape Coral, FL</b> Zip <b>33904</b>		4. FEI Number <b>59-2508648</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BAXTER, LINDA S</b> <b>C/O INNOVATIVE PROPERTY MANAGEMENT I, CORP</b> <b>1532 JACKSON STREET</b> <b>FORT MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name <b>Michelle Rossman, CAM</b> Street Address <b>C/O Rossman Property Mgmt.</b> <b>1104 SE 46th Lane #2</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b>	
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 <u>Michelle Rossman</u> <u>Michelle Rossman</u> <u>6/2/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GAZDIK, JOSEPH D JR.				
STREET ADDRESS	4904 VINCENNES COURT, #209		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, DENNIS		NAME	Maureen Nistal	
STREET ADDRESS	1407 SE 39TH TERRACE		STREET ADDRESS	869 SE 46th Lane #207	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERER, BUNNY		NAME	Charles Ringland III	
STREET ADDRESS	4904 VINCENNES COURT, #206		STREET ADDRESS	4904 Vincennes Ct. #108	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERALTA, CESAR D		NAME		
STREET ADDRESS	17646 VELLUM CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDO, RONALD L		NAME		
STREET ADDRESS	4903 VINCENNES STREET, #213		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		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 exemptions contained in Chapter 119, 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: <u>Joseph Gazdik Jr.</u> <u>Joseph Gazdik Jr.</u> <u>6/2/08</u> <u>239-443-1091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					