2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State

DOCUMENT # N05000002431 1. Entity Name BEACH LANDINGS CONDOMINIUM ASSOCIATION, INC.				05	5-04-2007 90088 016	****61.25		
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W 3 CAPE CORAL, PL 33914 Mailing Address ROSSMAN REALTY PROPERTY 415 CAPE COBAL PKWY W 3 CAPE CORAL, FL 33914			W 3					
2. Principal P	SE 46 th Lane #2	3. Mailing Address 1104 SE 46th Lane			 			
1104 SE 46th Lane #2 Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007 C	hg-NP CR2E037	' (12/06)		
Cage Coral, FL		Cape Coral FL		4. FEI Number 59-150172				
Zip / 33 <i>9</i>	O4 Country	z\$ 33904	Country	5. Certificate of S		8.75 Additional	al	
	6. Name and Address of Current F	Registered Agent	Name 4	1	dress of New Registered A	gent		
GONRING, JENNIFER ROSSMAN PROPERTY MGMT LLC Stoppt Addr				dress (P.OrBox Number is	s (P.OrBox Number SNot Acceptable)			
415 CAPE CORAL PKWY W 3 CAPE CORAL, FL: 33914			Koss	Kossman Kealty Property Mgmt LLC 1104 SE 46th Lane #2				
			City C	0 1	<i></i> FL	Zip Code	1	
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 Michelle Rossman Signature, typid of printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make check Florida Departi			
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANG	SES TO OFFICERS AND DIR			
TITLE NAME	PD . POWELL, MARJORIE	☐ Delete	TITLE NAME			Change	Addition [
STREET ADDRESS CITY-ST-ZIP	912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904	_	STREET ADDRESS CITY-ST-ZIP					
TITLE	VD	Delete	TITLE			☐ Change ☐	Addition	
NAME STREET ADDRESS	POWELL, BILL M 912 S.E. 46TH LANE, SUITE 201		NAME STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP					
TITLE NAME	STD HERTZ, SCOTT	Delete	TITLE NAME			☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP	912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904		STREET ADDRESS CITY-ST-ZIP					
TITLE	5.11 E 5576 (E, 17 E 5555)	☐ Delete	TITLE	VPD		☐ Change 🕝	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Dan Chisholm 190 Gozdrich	St.			
CITY-ST-ZIP				(90 OBOUTION				
			CITY-ST-ZIP	unenberg	MA 04162		/	
TITLE NAME		☐ Delete	CITY-ST-ZIP 1	sta 2	<i>MA 04162</i> ert	Change 1	Addition	
NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	unenberg, STD William Danke 1606 S. Youn	MA 04162 ert Pd.	☐ Change 🗔	Addition	
NAME		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	unenberg. STD William Dank	MA 04162 ert g.Rd. J46350		Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	unenberg, STD William Danke 1606 S. Youn	MA 04162 ert 9 Rd. 946350			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	unenberg. STD William Danki 7606 S. Youn La Porte, /N	ert 1761. 146350	Change 🗆	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	Delete this filling does not quality for true and accurate and that mered to execute this report a	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions corvers shall have	unenberg. STD William Danki 7606 S. Youn La Porte, //	ert 9 Rd. 946350 orida Statutes. I further certificit made under oath; that I are	Change y that the inform	Addition lation irector	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	I on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, w	this filing does not quality for true and accurate and that movered to execute this report a vith all other like empowered.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions corvers shall have	unenberg. STD William Danki 7606 S. Youn La Porte, //	orida Statutes. I further certifit made under oath; that I and that my name appears in	Change y that the inform	Addition Tation Frector Gk 11 if	