


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90122 015 ****61.25

DOCUMENT # 745371	
1. Entity Name SUNWOOD CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business ROSSMAN REALTY PROP MGMT. 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US	Mailing Address ROSSMAN REALTY PROP MGMT., LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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ROSSMAN, MICHELLE CAM ROSSMAN REALTY PROPERTY MGMT., LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904			
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7. Name and Address of New Registered Agent			
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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 understand the obligations of registered agent.			
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SIGNATURE	DATE
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Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAHERTY, DIANE 4519 SE 6TH PL #203 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENWOOD, ROBERT 1825 41 ST ST #2B CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEHMEYER, DOUGLAS 4516 SE 6TH PL, SUITE 1C CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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.			
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SIGNATURE:	<i>Diane Flaherty</i>	<i>Diane Flaherty</i>	4/22/08	239-443-1091
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
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40081612



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3093945	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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. I am familiar with and understand the obligations of registered agent.	
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SIGNATURE	DATE
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Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
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