


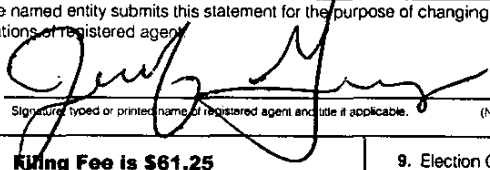
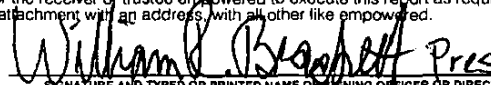
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90193 036 \*\*\*\*61.25

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<b>DOCUMENT # 739663</b> 1. Entity Name VILLA GRANDE I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914		Mailing Address % CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914	
2. Principal Place of Business Rossman Realty Property Mgmt LLC Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 City & State Cape Coral, FL Zip 33914		3. Mailing Address Rossman Realty Property Mgmt LLC Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 City & State Cape Coral, FL Zip 33914	
4. FEI Number 59-1812461		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIFKA, BEVERLY C-21 SUNBELT REALTY 506 SW 47TH TERR CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Jennifer Conring Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property Mgmt LLC 415 Cape Coral Pkwy W #3 City Cape Coral, FL Zip Code 33914	
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:  Signature typed or 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, 2006		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACKETT, BILL 13680 W. OLD OAK LANE PELL LAKE, WI 53157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEMMING, HELENA 2490 TALBOTS LN BROOKFIELD, WI 53045	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLITSON, GEORGE 912 SE 46 ST #202 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Glitsch, George 912 SE 46 St #202 Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHMANN, KALL HEINZ 912 SE 46 ST #201 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Pres		Date: 4/11/06 Daytime Phone #: 239-541-9319	