

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 045 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # 739663			
1. Entity Name VILLA GRANDE I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914		Mailing Address ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 1104 SE 46 th Lane #2 Suite, Apt. #, etc.		3. Mailing Address 1104 SE 46 th Lane #2 Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
4. FEI Number 59-1812461		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33904		Country	
6. Name and Address of Current Registered Agent JENNIFER GONRINS ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Michelle Rossman CAM Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property Mgmt. LLC 1104 SE 46 th Lane #2 City Cape Coral FL Zip Code 33904	
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>		DATE <u>4/27/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEMMING, HELENA 2490 TALBOTS LN BROOKFIELD, WI 53045 <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	VP GLITSON, GEORGE 912 SE 46 ST #202 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Glitsch, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHMANN, KALL HEINZ 912 SE 46 ST #201 CAPE CORAL, FL 33904 <input checked="" 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
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: <u>Bill Brackett by Michelle Rossman</u>		DATE <u>4/27/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Bill Brackett</u>		Daytime Phone # <u>239-443-1091</u>	