2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739663

FILED Apr 15, 2009 Secretary of State

Entity Name: VILLA GRANDE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ROSSMAN REALTY PROPERTY MGMT LLC 912 SE 46TH STREET 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904

CAPE CORAL, FL 33904

Current Mailing Address:

New Mailing Address:

ROSSMAN REALTY PROPERTY MGMT LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904

FEI Number: 59-1812461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSSMAN, CAM, MICHELLE CAM
ROSSMAN REALTY PROPERTY MGMT LLC
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 US

ROSSMAN, MICHELLE CAM
ROSSMAN REALTY PROPERTY MGMT LLC
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 US

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.

SIGNATURE: MICHELLE ROSSMAN, CAM 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: PD () Delete Title: PD (X) Change () Addition

 Name:
 BRACKETT, BILL
 Name:
 BRACKETT, BILL

 Address:
 13680 W. OLD OAK LANE
 Address:
 912 SE 46TH STREET #102

 City-St-Zip:
 PELL LAKE, WI 53157
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: STD () Delete Title: STD (X) Change () Addition Name: HEMMING, HELENA Name: HEMMING, HELENA

 Name:
 HEMMING, HELENA
 Name:
 HEMMING, HELENA

 Address:
 2490 TALBOTS LN
 Address:
 912 SE 46TH STREET #203

 City-St-Zip:
 BROOKFIELD, WI 53045
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 HOLLAND, MARY
 Name:

 Address:
 115 ALWYN RD
 Address:

 City-St-Zip:
 SYRACUSE, NY 13214
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ROSSMAN, CAM CAM 04/15/2009