


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 038 ****61.25

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| DOCUMENT # 745054 1. Entity Name PALM TREE CONDOMINIUM ASSOCIATION, INC. |  |
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40103001



01102007 Chg-NP CR2E037 (12/06)

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| 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 US |
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| 2. Principal Place of Business - No P.O. Box # 1104 SE 46th Lane #2 Suite, Apt. #, etc. | 3. Mailing Address 1104 SE 46th Lane #2 Suite, Apt. #, etc. |
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| City & State Cape Coral, FL Zip 33904 | Country | City & State Cape Coral, FL Zip 33904 | Country |
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| 4. FEI Number 59-2069958 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GONRING, JENNIFER ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914 |
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| 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 46th Lane #2 City Cape Coral FL Zip Code 33904 |
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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 accept the obligations of registered agent.

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| SIGNATURE Michelle Rossman Signature, typed or printed name of registered agent and title if applicable | DATE 4/18/07 (NOTE: Registered Agent signature required when reinstating) |
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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSTON, JIM 4641 PALM TREE BLVD., #3 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOND, ANDRE 4641 PALM TREE BLVD #8 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BROWNE, CLARA 4706 SE 4TH PL #11 CAPE CORAL, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SCHONEMAN, DON 4641 PALM TREE BLVD # 6 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHONEMAN, DON 4641 PALM TREE BLVD #6 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Glora Gnip 4706 SE 4th Pl. #15 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" 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.

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| SIGNATURE: Jim Johnston by Michelle Rossman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE 4/18/07 | DAYTIME PHONE # 239-443-1091 |
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