

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745054

FILED
Apr 15, 2009
Secretary of State

Entity Name: PALM TREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

4641 PALM TREE BLVD
4706 SE 4TH PLACE
CAPE CORAL, FL 33904

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2069958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MAKOWSKI, RICHARD JR
Address: 4706 SE 4TH PL #14
City-St-Zip: CAPE CORAL, FL 33904

Title: STD () Delete
Name: SANDERS, NEIL
Address: 27 DAVID DR.
City-St-Zip: SAUGUS, MA 01906

Title: PD () Delete
Name: GNIP, GLORIA
Address: 4706 SE 4TH PL #15
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: CHASAT, ELLEN
Address: 31 ALLEN PLACE
City-St-Zip: SAUGUS, MA 01906

Title: D (X) Delete
Name: KEENE, DIANE
Address: 4706 SE 4TH PL
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: KEENE, MARIENE DIANE
Address: 4706 SE 4TH PL #11
City-St-Zip: CAPE CORAL, FL 33904

Title: PD (X) Change () Addition
Name: SANDERS, NEIL
Address: 27 DAVID DR.
City-St-Zip: SAUGUS, MA 01906

Title: STD (X) Change () Addition
Name: GNIP, GLORIA
Address: 4706 SE 4TH PL #15
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Change () Addition
Name: CHAPUT, ELLEN
Address: 31 ALLEN PLACE
City-St-Zip: HARTFORD, CT 06106

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director

_____ Date