

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 041 \*\*\*\*61.25

**DOCUMENT # 745371**

1. Entity Name  
**SUNWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4516-4520 SE 6TH PLACE  
STE 2C  
CAPE CORAL, FL 33904 US**

Mailing Address  
**4516-4520 SE 6TH PLACE  
STE 2C  
CAPE CORAL, FL 33904 US**

40105654



2. Principal Place of Business - No P.O. Box #  
**Rossman Realty Prop. Mgmt.**

3. Mailing Address  
**Rossman Realty Prop. Mgmt. LLC**

Suite, Apt. #, etc.  
**1104 SE 46th Lane #2**

Suite, Apt. #, etc.  
**1104 SE 46th Lane #2**

City & State  
**Cape Coral, FL**

City & State  
**Cape Coral, FL**

04192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3093945**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**HOWARD SOMMA  
4516 S.E. 6TH PLACE  
STE 1D  
CAPE CORAL, FL 33904**

## 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**

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 **Michelle Rossman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **DT** ☒ Delete  
NAME **MCCREAVY, CHARLES**  
STREET ADDRESS **4516 SE 6TH PL SUITE 2C**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **DS** ☒ Delete  
NAME **MCCREARY, DIANE**  
STREET ADDRESS **4516 SE 6TH PL. SUITE 2C**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **DP** ☒ Delete  
NAME **SOMMA, HOWARD**  
STREET ADDRESS **4516 SE 6TH PL SUITE 1D**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **D** ☒ Delete  
NAME **HUSSEY, JACK**  
STREET ADDRESS **4516 SE 6TH PL, SUITE 2D**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **D** ☐ Delete  
NAME **WEHMEYER, DOUGLAS**  
STREET ADDRESS **4516 SE 6TH PL, SUITE 1C**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Flaherty, Diane**  
STREET ADDRESS **4519 SE 6th Pl. #203**  
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **STD** ☐ Change ☒ Addition  
NAME **Henwood, Robert**  
STREET ADDRESS **1825 SE 41st St. #2B**  
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Diane Flaherty by Michelle Rossman** **4/25/07** **239-443-1091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Diane Flaherty CAM**