

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 042 ****61.25

DOCUMENT # 746444

1. Entity Name
TRINIDAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**415 CAPE CORAL PKWY #3
#203
CAPE CORAL, FL 33914**

Mailing Address
**415 CAPE CORAL PKWY #3
#203
CAPE CORAL, FL 33914**



2. Principal Place of Business - No P.O. Box #
**Rossman Realty Prop. Mgmt.
Suite, Apt. #, etc.
1104 SE 46th Lane #2**

3. Mailing Address
**Rossman Realty Prop Mgmt LLC
Suite, Apt. #, etc.
1104 SE 46th Lane #2**

04192007 Chg-NP CR2E037 (12/06)

City & State
Cape Coral, FL
Zip
33904

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Zip
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4. FEI Number
65-0822534

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSMAN REALTY PROP. 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 Numbers 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, DEBORAH 4523 SE 60TH PLACE, #204 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, MARTHA 4519 SE 6TH PL #203 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAETZKE, SABINE 4519 SE 6TH PLACE, #201 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	VPD Wells, David 530 Madison Lane Elgin, IL 60123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Watson, Nancy 1295 Spring Valley Dr. Fort Calhoun, NE 68023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flaherty, Diane 6351 St. Croix Trail N. #240 Stillwater, MN 55082	<input type="checkbox"/> Change <input checked="" 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

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: **Deborah Kelly by Michelle Rossman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 239-443-1091

Date

Daytime Phone #

Deborah Kelly CAM