2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90305 028 ****61.25

DOCUMENT # 746907

1. Entity Name
CEDAR ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
824 S.E. 46TH ST APT 2-C CAPE CORAL, FL 33904	3704 SW 27TH PLACE CAPE CORAL, FL 33914 US

04062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Rossman Realty/Property mgmt LLC	Rossman Realty/Property mgmt LLC
Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3	Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33914 Country	Zip 33914 Country

4. FEI Number
59-1970797
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LSG BUSINESS & PROPERTY MGMT, INC. 3704 SW 27TH PLACE CAPE CORAL, FL 33914	Name: Jennifer Coonring Street Address (P.O. Box Number is Not Acceptable): Rossman Realty/Property Mgmt LLC 415 Cape Coral Pkwy W #3 City: Cape Coral FL Zip Code: 33914

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BASTONE, TERESA 824 SE 46 STREET 2-C CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PERKINS, TROY 824 SE 46 STREET 1-B CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DILECE, COSIMO 55 GRIFFIN AVE. YONKERS, NY 10710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #