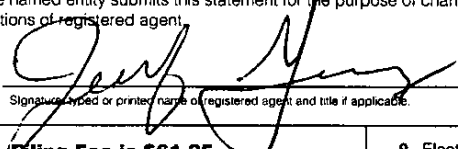
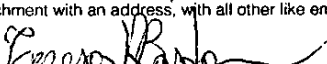


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 824 S.E. 46TH ST APT 2-C CAPE CORAL, FL 33904			Mailing Address 3704 SW 27TH PLACE CAPE CORAL, FL 33914 US		
2. Principal Place of Business <i>Rossman Realty Property Mgmt LLC</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy #3		3. Mailing Address <i>Rossman Realty Property Mgmt LLC</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy #3			
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 59-1970797	
Zip 33914		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LSG BUSINESS & PROPERTY MGMT, INC. 3704 SW 27TH PLACE CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name Jennifer Conring Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property Mgmt LLC 415 Cape Coral Pkwy #3 City Cape Coral FL 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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 #		