


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90088 020 ****61.25

DOCUMENT # 746907 1. Entity Name CEDAR ARMS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT 415 CAPE CORAL PKWY W #3 CAPE CORAL, FL 33914 US		Mailing Address ROSSMAN REALTY PROPERTY MGMT 415 CAPE CORAL PKWY W #3 CAPE CORAL, FL 33914 US	
2. Principal Place of Business - No P.O. Box # 1104 SE 46th Pl. #2		3. Mailing Address 1104 SE 46th Pl. #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33904		Zip 33904	
Country		Country	
4. FEI Number 59-1970797		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COONRING, JENNIFER ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W #3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name: Michelle Rossman 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: <u>Michelle Rossman</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/23/04</u>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD BASTONE, TERESA 824 SE 46 STREET 2-C CAPE CORAL, FL 33904 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PERKINS, TROY 824 SE 46 STREET 1-B CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DILECE, COSIMO 55 GRIFFIN AVE. YONKERS, NY 10710 <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			
PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STD Martin Miller 21 Manley Place New Hyde Park, NY 11040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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: <u>Teresa Bastone by Michelle Rossman</u> 4/23/07 239-443-1091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			