

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90300 014 \*\*\*\*61.25

<b>DOCUMENT # 747041</b> 1. Entity Name <b>BRIAN COURT CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4629 SE 5TH PLACE</b> <b>CAPE CORAL, FL 33904 US</b>		Mailing Address <b>4629 SE 5TH PLACE</b> <b>#11</b> <b>CAPE CORAL, FL 33904 US</b>	
2. Principal Place of Business <i>Rossman Realty Property mgmt LLC</i> Suite, Apt. #, etc. <b>415 Cape Coral Pkwy W #3</b> City & State <b>Cape Coral, FL</b> Zip <b>33914</b>		3. Mailing Address <i>Rossman Realty Property mgmt LLC</i> Suite, Apt. #, etc. <b>415 Cape Coral Pkwy W #3</b> City & State <b>Cape Coral, FL</b> Zip <b>33914</b>	
4. FEI Number <b>59-2097489</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DOYLE, NANCY</b> <b>4629 SE 5TH PLACE</b> <b>CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent  Name <b>Jennifer Gearing</b> Street Address (P.O. Box Number is Not Acceptable) <b>Rossman Realty Property mgmt LLC</b> <b>415 Cape Coral Pkwy W #3</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33914</b>	
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 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGO, JOSEPH 4629 SE 5TH PL #12 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, RICHARD 4628 SE 6TH AVE, #G CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOYLE, NANCY 4629 SE 5TH PLACE #11 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAWISTOWSKI, MARGARET 4624 SE 6TH AVE L CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH, DOROTHY 5430 SW 11TH PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Rogers, Richard 4628 SE 6TH AVE #G Cape Coral, FL 33904	<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE:</b>		Date <b>4/10/06</b> Daytime Phone # <b>(239) 945-1442</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			