


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90088 017 ****61.25

DOCUMENT # 747041 1. Entity Name BRIAN COURT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W STE3 CAPE CORAL, FL 33914 US		Mailing Address ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W STE3 CAPE CORAL, FL 33914 US	
2. Principal Place of Business - No P.O. Box # 1104 SE 46th Lane #2 Suite, Apt. #, etc.		3. Mailing Address 1104 SE 46th Lane #2 Suite, Apt. #, etc.	
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904	
4. FEI Number 59-2097489		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 GARNING, JENIFER ROSSMAN REALTY PROPERTY MGMT STE 3 415 CAPE CORAL PKWY W STE 3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Michelle Rossman CAM 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><i>Michelle Rossman</i></u> 4/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D REGO, JOSEPH <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REGO, JOSEPH	NAME	
STREET ADDRESS	4629 SE 5TH PL #12	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	ST ROGERS, RICHARD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, RICHARD	NAME	
STREET ADDRESS	4628 SE 6TH AVE, #G	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	PD DOYLE, NANCY <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, NANCY	NAME	
STREET ADDRESS	4629 SE 5TH PLACE #11	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	V ZAWISTOWSKI, MARGARET <input type="checkbox"/> Delete	TITLE	
NAME	ZAWISTOWSKI, MARGARET	NAME	
STREET ADDRESS	4624 SE 6TH AVE L	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	D DEUTSCH, DOROTHY <input type="checkbox"/> Delete	TITLE	
NAME	DEUTSCH, DOROTHY	NAME	
STREET ADDRESS	5430 SW 11TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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><i>Nancy Doyle by Michelle Rossman</i></u> 4/20/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE</small>		239-443-1091 <small>Daytime Phone #</small>	
<i>Nancy Doyle CAM</i>			