

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90193 033 \*\*\*\*61.25

<b>DOCUMENT # 751655</b> 1. Entity Name <b>CLUB ABACO CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>5112 CORONADO PARKWAY CAPE CORAL, FL 33904</b>		Mailing Address <b>5112 CORONADO PARKWAY CAPE CORAL, FL 33904 US</b>	
2. Principal Place of Business <b>Rossman Realty Property Mgmt LLC 415 Cape Coral Pkwy #3 Cape Coral, FL 33914</b>		3. Mailing Address <b>Rossman Realty Property Mgmt LLC 415 Cape Coral Pkwy #3 Cape Coral, FL 33914</b>	
4. FEI Number <b>65-1000597</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04062006 Chg-NP CR2E037 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  <b>SUAREZ, SARS 5102 CORONADO PKWY #1 CAPE CORAL, FL 33904</b>		<b>7. Name and Address of New Registered Agent</b>  Name <b>Jennifer Conring</b> Street Address (R.O. Box Number is Not Acceptable) <b>Rossman Realty Property Mgmt LLC 415 Cape Coral Pkwy #3 Cape Coral, FL 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 <u><i>Jeffery Henry</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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	VD <input type="checkbox"/> Delete <b>ESTHER, PETERSON 5112 CORONADO PKWY #13 CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>P Aifrey, Bridgett 5102 Coronado Pkwy #2 Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete <b>SUAREZ, SARA 5102 CORONADO PKWY #1 CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S Suarez, Sara 5102 Coronado Pkwy #1 Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>WILLIS, DAVID 5108 CORONADO PKWY #8 CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T Caron, Patricia 5116 Coronado Pkwy #16 Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CARON, PATRICIA 5116 CORONADO PKWY #16 CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BARTOS, MARGARET 5102 CORONADO PKWY #3 CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <u><i>Bridgett Aifrey</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-17-06 Date Daytime Phone #	