


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 032 ****61.25

DOCUMENT # 756516 1. Entity Name THE KATOVA WINDS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business LLC ROSSMAN REALTY PROPERTY MGMT UC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33904 US		Mailing Address LLC ROSSMAN REALTY PROPERTY MGMT UC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33904 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 88-8101085		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 GONRING, JENNIFER ROSSMAN REALTY PROPERTY MGMT UC 415 CAPE CORAL PKWY #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>Michelle Rossman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/25/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</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			
TITLE	STD	<input checked="" type="checkbox"/> Delete	
NAME	FLORES, ANNA		
STREET ADDRESS	3935 COUNTRY CLUB BLVD., #17		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	D	<input type="checkbox"/> Delete	
NAME	LANE, RONALD		
STREET ADDRESS	1028 SE 39 TERRACE # 7		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	LUTHI, EVELYN		
STREET ADDRESS	1028 SE 39TH TERR		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	RUEDIN, GARY		
STREET ADDRESS	50 CHERRY AVE. #4		
CITY-ST-ZIP	EATON, CO 80615		
TITLE	V	<input checked="" type="checkbox"/> Delete	
NAME	JONES, KEVIN		
STREET ADDRESS	3955 COUNTRY CLUB BLVD #11		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Brower, Lowell		
STREET ADDRESS	1028 SE 39 th Terr. #1		
CITY-ST-ZIP	Cape Coral, FL 33904		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Luthi, Donald		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Brooks, Jay		
STREET ADDRESS	2285 Stewart Ave. #2222		
CITY-ST-ZIP	St. Paul, MN 55116		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Kelsch Gerald		
STREET ADDRESS	643 Pond View Dr.		
CITY-ST-ZIP	Mendota Heights, MN 55120		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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>Lowell Brower by Michelle Rossman</u> <u>4/25/07</u> <u>239-443-1091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<u>Lowell Brower</u> <u>CAM</u> <small>Date Daytime Phone #</small>			