


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90045 040 ****61.25

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| DOCUMENT # 757445 |  |
| 1. Entity Name PUNTA RASSA CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 15008 PUNTA RASSA RD. FT. MYERS, FL 33908 | Mailing Address 15008 PUNTA RASSA RD. FT. MYERS, FL 33908 |
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| 2. Principal Place of Business - No P.O. Box # 3050 N. Horseshoe Drive | 3. Mailing Address 3050 N. Horseshoe Drive. |
| Suite, Apt. #, etc. 275 | Suite, Apt. #, etc. 275 |

01202007 Chg-NP CR2E037 (12/06)

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| City & State Naples, FL. | City & State Naples, FL. |
| Zip 34104 | Zip 34104 |
| Country USA | Country USA |

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| 4. FEI Number 59-2274377 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| ADAMS, JOSEPH E 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000 | |

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| 7. Name and Address of New Registered Agent | |
| Name Kramer Triad Mgt. Group LLC. | |
| Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Drive. | |
| Suite # Suite # 275 | |
| City Naples | FL Zip Code 34104 |

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.

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| SIGNATURE Jeffrey L. Roberts | Jeffrey L. Roberts | 4/2/07 |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NOTE: Registered Agent signature required when reappointing)</small> | <small>DATE</small> |

**Filing Fee is \$61.25
Due by May 1, 2007**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP POTTER, REID 15011 PUNTA RASSA RD., #506 FT. MYERS, FL 33908 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, ARTHUR T 15011 PUNTA RASSA RD #902 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHRISTENSEN, GAIL 15011 PUNTA RASSA RD #404 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEUHAUSER, CHARLES 15021 PUNTA RASSA RD, #803 FT. MYERS, FL 33908 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DEASON, LINDA 15031 PUNTA RASSA RD., #1002 FT. MYERS, FL 33908 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GROGGER, MATT 15031 PUNTA RASSA RD., #305 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Deason, Linda 15031 Punta Rassa Rd #1002 Fort Myers, FL. 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Hansen, Marglin 15021 Punta Rassa Rd # 804 Port Myers, FL. 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Poter, Reid 15011 Punta Rassa Rd #506 Fort Myers, FL. 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Minkin, Herb 15011 Punta Rassa Rd # 401 Fort Myers, FL. 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Carter, Chuck 10511 Punta Rassa Rd # 405 Fort Myers, FL. 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dehm, Jerry 15021 Punta Rassa Rd # 401 Fort Myers, FL. 33908 <input type="checkbox"/> Change <input checked="" 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.

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|---|---------------------|--------------------------------|
| SIGNATURE: Minda Deason | 4/2/07 | 234 466-9148 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |