


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 019 ****61.25

DOCUMENT # 757445					
1. Entity Name PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3050 N HORSESHOE DRIVE STE 275 NAPLES, FL 34104			Mailing Address 3050 N HORSESHOE DRIVE STE 275 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03112008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2274377 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAMER/ TRIAD MGT GROUP LLC 3050 N HORSESHOE DRIVE SUITE 275 NAPLES, FL 34101			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Jeff Roberts</i>		Jeff Roberts agent		4/15/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME	ST POTTER, REID <input type="checkbox"/> Delete	TITLE NAME	VP James Baldwin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	15011 PUNTA RASSA RD., #506	STREET ADDRESS	15011 Punta Rassa Rd # 200		
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	Fort Myers, FL 33908		
TITLE NAME	D MINKIN, HERB <input checked="" type="checkbox"/> Delete	TITLE NAME	T Elliot Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	15011 PUNTA RASSA RD 401	STREET ADDRESS	15011 Punta Rassa Rd # 504		
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	Fort Myers, FL 33908		
TITLE NAME	D CUTTER, CHUCK <input checked="" type="checkbox"/> Delete	TITLE NAME	O Marglyn White-Hanson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	10511 PUNTA RASSA RD 405	STREET ADDRESS	15021 Punta Rassa Rd # 804		
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	Fort Myers, FL 33908		
TITLE NAME	D NEUHAUSER, CHARLES <input checked="" type="checkbox"/> Delete	TITLE NAME	D. James Simantel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	15021 PUNTA RASSA RD, #803	STREET ADDRESS	15031 Punta Rassa Rd # 303		
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	Fort Myers, FL 33908		
TITLE NAME	P DEASON, LINDA <input type="checkbox"/> Delete	TITLE NAME	D. Eve Hafferman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	15031 PUNTA RASSA RD., #1002	STREET ADDRESS	15010 Punta Rassa Rd # 202		
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	Fort Myers, FL 33908		
TITLE NAME	VP HENSEN, MARGLIA <input checked="" type="checkbox"/> Delete	TITLE NAME			
STREET ADDRESS	15021 PUNTA RASSA RD 304	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33908	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: <i>Linda Deason</i>		Linda Deason President		4-15-08 239/437-0545	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	