
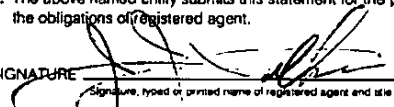



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-01-2008 90239 027 ****61.25
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FILED
08 MAY 16 PH 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # 15008 PUNTA RASSA RD		3. Mailing Address 15008 PUNTA RASSA RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. MYERS, FL		City & State FT. MYERS, FL	
4. FEI Number 59-2274377		Applied For Not Applicable	
Zip 33908		Country LEE	
Zip 33908		Country LEE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER/ TRIAD MGT GROUP LLC 3050 N HORSESHOE DRIVE SUITE 275 NAPLES, FL 34101		7. Name and Address of New Registered Agent Name JAMES J. WALKER Street Address (P.O. Box Number is Not Acceptable) 15008 PUNTA RASSA RD City FT. MYERS FL Zip Code 33908	
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 		Name JAMES J. WALKER	
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Date 4-30-08		DATE	
Filing Fee is \$81.25 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 STREET ADDRESS CITY-ST-ZIP	ST POTTER, REID 15011 PUNTA RASSA RD., #506 FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, REID 15011 PUNTA RASSA RD #506 FT. 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 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMANTAL, JAMES 15001 PUNTA RASSA RD #303 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTTER, CHUCK 10511 PUNTA RASSA RD 405 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEFFERNAN, EVE 15010 PUNTA RASSA RD #202 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUHAUSER, CHARLES 15021 PUNTA RASSA RD, #803 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE-HANSEN, MARYLIN 15021 PUNTA RASSA RD # 304 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEASON, LINDA 15031 PUNTA RASSA RD., #1002 FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/5/16 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENSEN, MARGLIA 15021 PUNTA RASSA RD 304 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALOWIN, JIM 15011 PUNTA RASSA RD # 201 FT. 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, and is other like empowered.			
SIGNATURE: 		Name Linda Deason	
Signature and typed or printed name of signing officer or director		Date 4-30-08	
		Daytime Phone #	

ATTACHMENT

ATTACHMENT
 40091224
 #757445

ATTACHMENT

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, ELLIOT 15011 PUNTA RASSARD. #504 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" 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
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
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

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SIGNATURE: Linda Quason Linda Quason 4-90-08
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #