



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90302 046 ****61.25

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|--|---|---|--|---|--|
| DOCUMENT # 757722 1. Entity Name MARINA 46 CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1409 SE 46 LANE CAPE CORAL, FL 33904 | | | Mailing Address 1409 SE 46 LANE CAPE CORAL, FL 33904 | | |
| 2. Principal Place of Business <i>Rossman Realty Property mgmt LLC</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 | | 3. Mailing Address <i>Rossman Realty Property mgmt LLC</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 | |  | |
| City & State Cape Coral, FL | | City & State Cape Coral, FL | | 4. FEI Number 59-2646136 | |
| Zip 33914 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRASINGTON, CHARLES 1409 SE 46 LANE #203 CAPE CORAL, FL 33904 | | | | 7. Name and Address of New Registered Agent Name Jennifer Conning Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property mgmt LLC 415 Cape Coral Pkwy W #3 City Cape Coral FL Zip Code 33914 | |
| 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>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PD BRASINGTON, CHARLES 1409 SE 46 LANE #203 CAPE CORAL, FL 33904 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. Brasington, Marianne 1409 SE 46 LANE #203 Cape Coral, FL 33904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SUCHANTI, RICHARD 3109 SE 17 AVENUE CAPE CORAL, FL 33904 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.E. Bentley, Sharon 1409 SE 46 LANE #107 Cape Coral FL 33904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MAURER, JACQUELINE 802 SW 54 LANE CAPE CORAL, FL 33914 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.D. Day, Michael 1409 SE 46 LANE #201 Cape Coral FL 33904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. Chayan, Janet 1409 SE 46 LANE #106 Cape Coral FL 33904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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. | | | | | |
| SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-10-06 Daytime Phone # _____ | | |