


2007 'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 034 ****61.25

DOCUMENT # 757722	
1. Entity Name MARINA 46 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914	Mailing Address ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914
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2. Principal Place of Business - No P.O. Box # 2799 DEL PRADO BLVD	3. Mailing Address C/O GPM
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 151845
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33903	Country USA

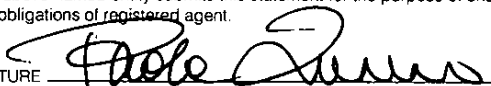


04192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2646136	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 LLC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914	7. Name and Address of New Registered Agent Name PAOLA ZUNINO Street Address (P.O. Box Number is Not Acceptable) 2799 DEL PRADO City CAPE CORAL FL Zip Code 33903
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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  (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P BRASINGTON, MARIANNE 1409 SE 46 LANE #203 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - D CHRIS WINTER 7814 W. Briarwood Dr. FRANKLIN, WI 53132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENTLEY, SHARON 1409 SE 46TH LN. #107 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D DEAN MITCHINSON 2686 SUNSET LAKE DR CAPE CORAL, FL 33909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAY, MICHAEL 1049 SE 46TH LN #201 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAYAN, JANET 1409 SE 46TH LN. #106 CAPE CORAL, FL 33904 <input checked="" 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

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07 239-980-4264
Date Daytime Phone #