

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-22-2006 90044 025 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 758953 1. Entity Name RAVEN COVE CONDOMINIUM ASSOCIATION, INC.																																			
Principal Place of Business C/O PROFESSIONALLY YOURS P O BOX 100831 CAPE CORAL, FL 33910 US		Mailing Address C/O PROFESSIONALLY YOURS P O BOX 100831 CAPE CORAL, FL 33910 US																																	
2. Principal Place of Business <i>Rossman Property Management LLC</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy/W Suite #3 City & State Cape Coral FL Zip 33914		3. Mailing Address <i>Rossman Property Management LLC</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy/W #3 City & State Cape Coral FL Zip 33914																																	
4. FEI Number 59-1956260		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent TEAQUE, GEORGE PROFESSIONALLY YOURS, INC. 1342 SE 46TH LANE, #3 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name JENNIFER GORDON Street Address (P.O. Box Number is Not Acceptable) Rossman Property Management LLC 415 Cape Coral Pkwy/W Suite #3 City Cape Coral																																	
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 5/12/06																																	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐																																	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> </tr> <tr> <td></td> <td> FIOR, KATHLEEN ☐ Delete 1005 SE 40 STREET #7, CAPE CORAL, FL 33904 </td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td></td> <td> PD ☐ Delete CUSTER, MILDRED 1005 SE 40TH ST #9 CAPE CORAL, FL 33904 </td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td></td> <td> V ☐ Delete HENZEL, SHARON 900 SW 125TH WAY #R209 PEMBROKE PINES, FL 33207 </td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td></td> <td> D ☐ Delete DERHEIMER, NEIL 7062 MAPLE RD FRANKENMUTH, MI 48734 </td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td></td> <td> D ☐ Delete ANDERSON, NANCY 56 W OAKDALE ST BAYSHORE, NY 11706 </td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td></td> <td> ☐ Delete </td> <td></td> <td> ☐ Change ☐ Addition </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	NAME	TITLE	NAME		FIOR, KATHLEEN ☐ Delete 1005 SE 40 STREET #7, CAPE CORAL, FL 33904		☐ Change ☐ Addition		PD ☐ Delete CUSTER, MILDRED 1005 SE 40TH ST #9 CAPE CORAL, FL 33904		☐ Change ☐ Addition		V ☐ Delete HENZEL, SHARON 900 SW 125TH WAY #R209 PEMBROKE PINES, FL 33207		☐ Change ☐ Addition		D ☐ Delete DERHEIMER, NEIL 7062 MAPLE RD FRANKENMUTH, MI 48734		☐ Change ☐ Addition		D ☐ Delete ANDERSON, NANCY 56 W OAKDALE ST BAYSHORE, NY 11706		☐ Change ☐ Addition		☐ Delete		☐ Change ☐ Addition
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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 the empowered.																																			
SIGNATURE: <i>Kathleen Fiori</i> Date: 6/15/06																																			