


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90100 001 \*\*\*\*61.25

<b>DOCUMENT # 758953</b>	
1. Entity Name <b>RAVEN COVE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>ROSSMAN PROPERTY MANAGEMENT LLC 415 CAPE CORAL PKWY W-3 CAPE CORAL, FL 33914 US</b>	Mailing Address <b>ROSSMAN PROPERTY MANAGEMENT LLC 415 CAPE CORAL PKWY W-3 CAPE CORAL, FL 33914 US</b>
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2. Principal Place of Business - No P.O. Box # <b>% American Condo Mgmt Suite, Apt. #, etc. 615 Cape Coral Pkwy W, #103 City &amp; State CAPE CORAL, FL Zip 33914</b>	3. Mailing Address <b>% American Condo Mgmt Suite, Apt. #, etc. POB 100399 City &amp; State CAPE CORAL, FL Zip 33914</b>
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05012007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1956260</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GONRING, JENNIFER ROSSMAN PROPERTY MANAGEMENT LLC 415 CAPE CORAL PKWY W-3 CAPE CORAL, FL 33914</b>	7. Name and Address of New Registered Agent Name <b>Susan Kase, CAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>% American Condo Mgmt 615 Cape Coral Pkwy W., #103 City CAPE CORAL FL Zip Code 33914</b>
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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 *Susan Kase* *Susan Kase* 4/30/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIORE, KATHLEEN <input type="checkbox"/> Delete 1005 SE 40 STREET #7 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FIORE, KATHLEEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSTER, MILDRED <input type="checkbox"/> Delete 1005 SE 40TH ST #9 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENZEL, SHARON <input checked="" type="checkbox"/> Delete 900 SW 125TH WAY #R209 PEMBROKE PINES, FL 33207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERHEIMER, NEIL <input type="checkbox"/> Delete 7062 MAPLE RD FRANKENMUTH, MI 48734	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DERHEIMER, NEIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, NANCY <input checked="" type="checkbox"/> Delete 56 W OAKDALE ST BAYSHORE, NY 11706	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: *Kathleen Fiore* KATHLEEN FIORE 4/30/07 239-542-4404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #