2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759499

FILED Apr 14, 2009 Secretary of State

Entity Name: CARIBBEAN BREEZE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: ROSSMAN REALTY PROPERTY MGMT LLC 4717 SE 4TH PLACE 1104 SE 46TH LANE #2 4718 SE 5TH AVE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** ROSSMAN REALTY PROPERTY MGMT LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US FEI Number: 62-1217543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSSMAN, MICHELLE CAM ROSSMAN REALTY PROPERTY MGMT LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WIMMER, SUSAN Name: Name: 4717 SE 4TH PL #1 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: (X) Change () Addition SD WOLTERMAN, KENNETH Name: WOLTERMAN, KENNETH Name: Address: 402 DOWNING ST. Address: 402 DOWNING ST. City-St-Zip: COLD SPRING, KY 41076 City-St-Zip: COLD SPRING, KY 41076 Title: VD. Title: () Change () Addition () Delete BAKER, JOY Name: Name: 4717 4TH PLACE #5 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: TD () Change (X) Addition Name: Name: MURPHY, JOHN 4705 SW 25TH PLACE Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: () Change (X) Addition KNISKA, DAN Name: Name: 4718 SE 5TH AVE #7 Address: Address: CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ROSSMAN, CAM CAM 04/14/2009