

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90088 025 ****61.25

DOCUMENT # 761988

1. Entity Name
COR-MARIE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2510 SE 16TH PL
#101
CAPE CORAL, FL 33904 US**

Mailing Address
**2510 SE 16TH PL
#101
CAPE CORAL, FL 33904 US**



2. Principal Place of Business - No P.O. Box # **LLC**
Rossman Realty Prop. Mgmt.

3. Mailing Address
Rossman Realty Prop. Mgmt. LLC

Suite, Apt. #, etc.
1104 SE 46th Lane #2

Suite, Apt. #, etc.
1104 SE 46th Lane #2

04192007 Chg-NP CR2E037 (12/06)

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number
59-6783949

Applied For
Not Applicable

Zip
33904 Country

Zip
33904 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNNIC, KATHRYN
2510 SE 16TH PL
#101
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **Michelle Rossman**
Street Address (P.O. Box Numbers Not Acceptable)
Rossman Realty Property Mgmt. LLC
1104 SE 46th Lane #2
City **Cape Coral** FL Zip Code **33904**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michelle Rossman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/07
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWN, SHIRLEY
2510 SE 16TH PL #105
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KATHRYN, JOHNNIC C
2510 SE 16TH PLACE #101
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALKER, DIANE
2510 SE 16TH PL 202
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Johnnic, kathryn** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **Kathryn Johnnic by Michelle Rossman** **4/25/07** **239-443-1091**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Johnnic