## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#764041**

VYSE, ANNE MARIE

CAPE CORAL, FL 33914

3720 SANTA BARABARA BLVD #106

Name:

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Entity Name: GULFSIDE CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC. **Current Principal Place of Business: New Principal Place of Business:** ROSSMAN REALTY PROPERTY MGMT LLC 3720 SANTA BARBARA BLVD 1104 SE 46TH LANE #2 CAPE CORAL, FL 33914 CAPE CORAL, FL 33904 US **Current Mailing Address: New Mailing Address:** ROSSMAN REALTY PROPERTY MGMT LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US FEI Number: 59-2359547 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 BORTELL, BARBARA Name: Name: 3720 SANTA BARBARA BLVD. #107 Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: PD () Delete Title: PD (X) Change ( ) Addition Name: FLEMING, LIGIA Name: FLEMING, LIGIA Address: 1814 SW 18TH TERT Address: 1814 SW 18TH TERRACE City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: CAPE CORAL, FL 33991 Title: STD () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

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