

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90040 013 ****61.25

DOCUMENT # 767165 1. Entity Name VIRGINIA ANN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US		Mailing Address CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US	
2. Principal Place of Business <i>96 Rossman Realty Property</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 City & State Cape Coral, FL Zip 33914		3. Mailing Address <i>96 Rossman Realty Property</i> Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 City & State Cape Coral, FL Zip 33914	
4. FEI Number 59-2351702		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIFKA, BEVERLY CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name <i>Rossman Realty Property Management</i> Street Address (P.O. Box Number is Not Acceptable) <i>415 Cape Coral Pkwy W #3</i> City <i>Cape Coral</i> FL Zip Code <i>33914</i>	
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>David M. Good - agent</i> DATE <i>8.31.06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAINARO, CHARLES 905 SW 48 TER #104 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAKA, LENORE 839 SW 48 TER. #204 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREW, JUNE 859 SW 48 TERRE #107 CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAKA, LENORE 839 SW 48 TER. #204 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JACKIE 905 SW 48TH TERR #204 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCE, PATTI 914 SE 23RD ST CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
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: <i>Charles (Dainard)</i>		Date <i>8.31.06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	