

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 046 \*\*\*\*61.25

<b>DOCUMENT # 767165</b> 1. Entity Name VIRGINIA ANN CONDOMINIUM ASSOCIATION, INC.																																																																																																																																														
Principal Place of Business C/O ROSSMAN REALTY PROPERTY Mgmt. LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914 US		Mailing Address C/O ROSSMAN REALTY PROPERTY Mgmt. LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914 US																																																																																																																																												
2. Principal Place of Business - No P.O. Box # 1104 SE 46th Lane #2 Suite, Apt. #, etc.		3. Mailing Address 1104 SE 46th Lane #2 Suite, Apt. #, etc.																																																																																																																																												
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904																																																																																																																																												
4. FEI Number 59-2351702		Applied For Not Applicable																																																																																																																																												
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																												
6. Name and Address of Current Registered Agent ROSSMAN REALTY PROPERTY MANAGEMENT C/O LOURDES MCLEOD 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name: Michelle Rossman CAM Street Address (P.O. Box Number is 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Michelle Rossman</u> DATE: <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																														
Filing Fee is \$61.25 Due by May 1, 2007		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																																																																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRAINARO, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>905 SW 48 TER #104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table> </td> <td colspan="2" style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">STD</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Elwick, Brian</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>839 SW 48th Terr. #106</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cape Coral, FL 33914</td> <td></td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">S</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRAKA, LENORE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>839 SW 48 TER. #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table> </td> <td colspan="2" style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PD</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Straka, Robert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">VP</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DREW, JUNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>859 SW 48 TERRE #107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> <td></td> </tr> </table> </td> <td colspan="2" style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">VPD</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">T</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOOD, JACKIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>905 SW 48TH TERR #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table> </td> <td colspan="2" style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> <td colspan="2" style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRAINARO, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>905 SW 48 TER #104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>	TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	BRAINARO, CHARLES		STREET ADDRESS	905 SW 48 TER #104		CITY-ST-ZIP	CAPE CORAL, FL 33914		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">STD</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Elwick, Brian</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>839 SW 48th Terr. #106</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cape Coral, FL 33914</td> <td></td> </tr> </table>		TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Elwick, Brian		STREET ADDRESS	839 SW 48th Terr. #106		CITY-ST-ZIP	Cape Coral, FL 33914		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">S</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRAKA, LENORE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>839 SW 48 TER. #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>	TITLE	S	<input type="checkbox"/> Delete	NAME	STRAKA, LENORE		STREET ADDRESS	839 SW 48 TER. #204		CITY-ST-ZIP	CAPE CORAL, FL 33914		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PD</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Straka, Robert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Straka, Robert		STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">VP</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DREW, JUNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>859 SW 48 TERRE #107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> <td></td> </tr> </table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	DREW, JUNE		STREET ADDRESS	859 SW 48 TERRE #107		CITY-ST-ZIP	CAPE CORAL, FL 33990		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">VPD</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">T</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOOD, JACKIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>905 SW 48TH TERR #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>	TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	WOOD, JACKIE		STREET ADDRESS	905 SW 48TH TERR #204		CITY-ST-ZIP	CAPE CORAL, FL 33914		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRAINARO, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>905 SW 48 TER #104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>	TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	BRAINARO, CHARLES		STREET ADDRESS	905 SW 48 TER #104		CITY-ST-ZIP	CAPE CORAL, FL 33914		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">STD</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Elwick, Brian</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>839 SW 48th Terr. #106</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cape Coral, FL 33914</td> <td></td> </tr> </table>		TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Elwick, Brian		STREET ADDRESS	839 SW 48th Terr. #106		CITY-ST-ZIP	Cape Coral, FL 33914																																																																																																																					
TITLE	P	<input checked="" type="checkbox"/> Delete																																																																																																																																												
NAME	BRAINARO, CHARLES																																																																																																																																													
STREET ADDRESS	905 SW 48 TER #104																																																																																																																																													
CITY-ST-ZIP	CAPE CORAL, FL 33914																																																																																																																																													
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																												
NAME	Elwick, Brian																																																																																																																																													
STREET ADDRESS	839 SW 48th Terr. #106																																																																																																																																													
CITY-ST-ZIP	Cape Coral, FL 33914																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">S</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRAKA, LENORE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>839 SW 48 TER. #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>	TITLE	S	<input type="checkbox"/> Delete	NAME	STRAKA, LENORE		STREET ADDRESS	839 SW 48 TER. #204		CITY-ST-ZIP	CAPE CORAL, FL 33914		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PD</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Straka, Robert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Straka, Robert		STREET ADDRESS			CITY-ST-ZIP																																																																																																																						
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																												
NAME	STRAKA, LENORE																																																																																																																																													
STREET ADDRESS	839 SW 48 TER. #204																																																																																																																																													
CITY-ST-ZIP	CAPE CORAL, FL 33914																																																																																																																																													
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																												
NAME	Straka, Robert																																																																																																																																													
STREET ADDRESS																																																																																																																																														
CITY-ST-ZIP																																																																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">VP</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DREW, JUNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>859 SW 48 TERRE #107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> <td></td> </tr> </table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	DREW, JUNE		STREET ADDRESS	859 SW 48 TERRE #107		CITY-ST-ZIP	CAPE CORAL, FL 33990		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">VPD</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																						
TITLE	VP	<input type="checkbox"/> Delete																																																																																																																																												
NAME	DREW, JUNE																																																																																																																																													
STREET ADDRESS	859 SW 48 TERRE #107																																																																																																																																													
CITY-ST-ZIP	CAPE CORAL, FL 33990																																																																																																																																													
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																												
NAME																																																																																																																																														
STREET ADDRESS																																																																																																																																														
CITY-ST-ZIP																																																																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">T</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOOD, JACKIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>905 SW 48TH TERR #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>	TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	WOOD, JACKIE		STREET ADDRESS	905 SW 48TH TERR #204		CITY-ST-ZIP	CAPE CORAL, FL 33914		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																						
TITLE	T	<input checked="" type="checkbox"/> Delete																																																																																																																																												
NAME	WOOD, JACKIE																																																																																																																																													
STREET ADDRESS	905 SW 48TH TERR #204																																																																																																																																													
CITY-ST-ZIP	CAPE CORAL, FL 33914																																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																												
NAME																																																																																																																																														
STREET ADDRESS																																																																																																																																														
CITY-ST-ZIP																																																																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																												
NAME																																																																																																																																														
STREET ADDRESS																																																																																																																																														
CITY-ST-ZIP																																																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																												
NAME																																																																																																																																														
STREET ADDRESS																																																																																																																																														
CITY-ST-ZIP																																																																																																																																														
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: <u>Robert Straka by Michelle Rossman</u> DATE: <u>4/27/07</u> DAYTIME PHONE: <u>239-443-1091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																														