

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767165

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: VIRGINIA ANN CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

C/O ROSSMAN REALTY PROPERTY MGMT, LLC  
1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

C/O ROSSMAN REALTY PROPERTY MGMT, LLC  
1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904 US

FEI Number: 59-2351702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

839 SW 48TH TER  
APT. 204  
CAPE CORAL, FL 33914 US

## New Mailing Address:

839 SW 48TH TER  
APT. 204  
CAPE CORAL, FL 33914 US

## Name and Address of Current Registered Agent:

ROSSMAN, MICHELLE CAM  
ROSSMAN REALTY PROP. MGMT.,LLC  
1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

ROBERT, STRAKA  
1412 SW 49TH TER  
CAPE CORAL, FL 33914 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: ROBERT STRAKA

02/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: WOOD, JACQUELINE  
Address: 905 SW 48TH TERR #101  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete  
Name: STRAKA, LENORE  
Address: 839 SW 48 TER. #204  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD ( ) Delete  
Name: DREW, JUNE  
Address: 859 SW 48 TERRE #107  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: STRAKA, LENORE  
Address: 1412 SW 49TH TER  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LENORE STRAKA

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date