


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90201 047 ****61.25

DOCUMENT # 768274			
1. Entity Name ROGERS COURT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4226 DEL PRADO BLVD CAPE CORAL, FL 33904		Mailing Address 4226 DEL PRADO BLVD CAPE CORAL, FL 33904	
2. Principal Place of Business American Condo Management, Inc. Suite, Apt. #, etc. 909 SE 47th TERR. STE. #105 City & State CAPE CORAL, FL. Zip 33904 Country USA		3. Mailing Address American Condo Management, Inc. Suite, Apt. #, etc. P.O. Box 100399 City & State CAPE CORAL, FL. Zip 33910 Country USA	
6. Name and Address of Current Registered Agent PIERCE, ILAMARIE 4226 DEL PRADO BLVD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name SUSAN KASE Street Address (P.O. Box Number is Not Acceptable) 909 SE 47th TERR. Suite 105 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>Susan Kase</u> DATE <u>4/23/05</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, 2005		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 D BRINKMAN, SAM 4541 SE 51ST ST CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP VD FRED BRICKMANN 622 EL DORADO PKWY W CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP P BANQUER, DAVID 4407 S.W. 7TH PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D GONCE, BRUCE 4407 SW 7TH PLACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP STD Sherri MORROW 4407 SW 7th PL, #1 CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Fred Brickmann</u>		Date <u>4/26/05</u> Daytime Phone # <u>542-4401</u>	