

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768274

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** ROGERS COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W-103  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

AMERICAN CONDO MGMT, INC  
PO BOX 100399  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 58-1852991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KASE, SUSAN  
615 CAPE CORAL PKWY W-103  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: GONCE, AMY  
Address: 212 SE 22ND TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP ( ) Delete  
Name: GONCE, BRUCE  
Address: 212 SE 22ND TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: STD ( ) Delete  
Name: MORROW, SHERRI  
Address: 4407 SW 7TH PL, #1  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ST (X) Change ( ) Addition  
Name: BRICKMANN, WAVA  
Address: 622 EL DORADO PARKWAY W  
City-St-Zip: CAPE CORAL, FL 33914

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: AMY GONCE

PRES

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date