

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 035 \*\*\*\*61.25

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # 769109</b><br>1. Entity Name<br><b>MARK III CONDOMINIUM ASSOCIATION, INC.</b>  |   |    |  |
| Principal Place of Business<br><b>ROSSMAN REALTY PROPERTY MGMT, LLC ✓</b><br><b>415 CAPE CORAL PKWY WEST SUITE 3</b><br><b>CAPE CORAL, FL 33914 US</b>   |   | Mailing Address<br><b>ROSSMAN REALTY PROPERTY MGMT, LLC ✓</b><br><b>415 CAPE CORAL PKWY WEST SUITE 3</b><br><b>CAPE CORAL, FL 33914 US</b>  |  |
| 2. Principal Place of Business, No P.O. Box #<br><b>1104 SE 46th Lane #2</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>1104 SE 46th Lane #2</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Cape Coral, FL</b><br>Zip<br><b>33904</b>   |   | City & State<br><b>Cape Coral, FL</b><br>Zip<br><b>33904</b>  |  |
| 4. FEI Number<br><b>59-2491416</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>COONRING, JENNIFER</b><br><b>ROSSMAN REALTY PROPERTY MGMT, LLC</b><br><b>415 CAPE CORAL PKWY WEST SUITE 3</b><br><b>CAPE CORAL, FL 33914</b>  |   | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Michelle Rossman CAM</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Rossman Realty Property Mgmt. LLC</b><br><b>1104 SE 46th Lane #2</b><br>City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b> |  |
| 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><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   | DATE <u>4/18/07</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing <input type="checkbox"/><br><small>Trust Fund Contribution.</small>  |  |
| <b>\$5.00 May Be Added to Fees</b>   |   | <b>Make check payable to Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>DAVIS, CAROL<br>1118 SW 47TH TERRACE SUITE 201<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>MACCARI, WILLIAM<br>7TH CROSSWAY<br>KINNELON, NJ 07405 <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SWANSON, THEMA<br>1118 S.W. 47TH TERRACE #101<br>CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>Donna Tamedl<br>1118 SW 47th Terr. #202<br>Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>Robert Rickert<br>1118 SW 47th Terr. #102<br>Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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>Donna Tamedl by Michelle Rossman</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | DATE <u>4/18/07</u> DAYTIME PHONE # <u>239-443-1091</u>   |  |
| <u>Donna Tamedl</u> <u>CAM</u>   |   |   |  |