


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90122 007 ****61.25

DOCUMENT # 769109 1. Entity Name MARK III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT, LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US			Mailing Address ROSSMAN REALTY PROPERTY MGMT, LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2491416			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROSSMAN, CAM, MICHELLE ROSSMAN REALTY PROPERTY MGMT, LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VPD DAVIS, CAROL 1118 SW 47TH TERRACE SUITE 201 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thelma Swanson 1118 SW 47th Terr. #101 Cape Coral, FL 33914 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACCARI, WILLIAM 7TH CROSSWAY KINNELON, NJ 07405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARNEDL, DONNA 1118 SW 47TH TERR #202 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD RICKERT, ROBERT 1118 SW 47TH TERR #102 CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 and changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thelma Swanson</i> <i>Thelma Swanson</i> 4/22/08 239-443-1091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40081620



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2491416

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	Delete
NAME	DAVIS, CAROL	
STREET ADDRESS	1118 SW 47TH TERRACE SUITE 201	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	TD	Delete
NAME	MACCARI, WILLIAM	
STREET ADDRESS	7TH CROSSWAY	
CITY-ST-ZIP	KINNELON, NJ 07405	
TITLE	PD	Delete
NAME	TARNEDL, DONNA	
STREET ADDRESS	1118 SW 47TH TERR #202	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	RD	Delete
NAME	RICKERT, ROBERT	
STREET ADDRESS	1118 SW 47TH TERR #102	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Change Addition
NAME	Thelma Swanson	
STREET ADDRESS	1118 SW 47th Terr. #101	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	VP	Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Thelma Swanson* *Thelma Swanson* 4/22/08 239-443-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR