


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

05-04-2007 90088 023 \*\*\*\*61.25

<b>DOCUMENT # 769110</b>			
1. Entity Name CORAL COURT II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W #3 CAPE CORAL, FL 33914 US		Mailing Address ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W #3 CAPE CORAL, FL 33914 US	
2. Principal Place of Business - No P.O. Box # 1104 SE 46th Lane #2 Suite, Apt. #, etc.		3. Mailing Address 1104 SE 46th Lane #2 Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33904		Zip 33904	
Country		Country	
6. Name and Address of Current Registered Agent GONRING, JENNIFER ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W #3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name: Michelle Rossman Street Address (P.O. Box Number is Acceptable): Rossman Realty Property Mgmt. LLC 1104 SE 46th Lane #2 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>Michelle Rossman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>4/23/07</u> <small>(NOTE: Registered Agent signature required when reinstating.)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <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: S NAME: GALLOW, LYNN STREET ADDRESS: 610 SW 47TH TERRACE #8 CITY-ST-ZIP: CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: VPD STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: ORTEGA, TONI STREET ADDRESS: 610 SW 47TH TERRACE #1 CITY-ST-ZIP: CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE: PD NAME: Ray Baran STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: BROWN, RAY STREET ADDRESS: 610 SW 47TH TERRACE #2 CITY-ST-ZIP: CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE: STD NAME: Alvin Martin STREET ADDRESS: 610 SW 47th Terr. #7 CITY-ST-ZIP: 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
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>Ray Baran by Michelle Rossman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/23/07</u> Daytime Phone #: <u>239-443-1091</u>	
Ray Baran		CAM	

