


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90122 037 ****61.25

DOCUMENT # N02000004619					
1. Entity Name BLUE HERON OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1104 SE 46TH LANE CAPE CORAL, FL 33904			Mailing Address 1104 SE 46TH LANE CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2275758	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSSMAN REALTY PROPERTY MANAGEMENT, LLC 1104 SE 46TH LANE CAPE CORAL, FL 33904			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, and hereby certifies that it understands the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required at other filings)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 VP NAME MORELAND, IONA STREET ADDRESS 1308 SE 42ND STREET, #6 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE ST NAME June Jacobs STREET ADDRESS 154 Archwood Circle CITY-ST-ZIP Brooklyn, MI 49230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME REICHERT, TIM STREET ADDRESS 1308 SE 42ND STREET # 5 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME HORAN, MARLENE STREET ADDRESS 1308 SE 42ND STREET, #1 CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Tim Reichert</i>			<i>4/18/08</i> 239-443-1091		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		