

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004619

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** BLUE HERON OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1104 SE 46TH LANE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1104 SE 46TH LANE  
CAPE CORAL, FL 33904

**New Mailing Address:**

1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904

**FEI Number:** 52-2275758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSSMAN REALTY PROPERTY MANAGEMENT, LLC  
1104 SE 46TH LANE  
CAPE CORAL, FL 33904 US

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

ROSSMAN REALTY PROPERTY MANAGEMENT, LLC  
1104 SE 46TH LANE #2  
CAPE CORAL, FL 33904 US

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: MICHELLE ROSSMAN, CAM

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MORELAND, IONA  
Address: 1308 SE 42ND STREET, #6  
City-St-Zip: CAPE CORAL, FL 33904

Title: P ( ) Delete  
Name: REICHERT, TIM  
Address: 1308 SE 42ND STREET # 5  
City-St-Zip: CAPE CORAL, FL 33904

Title: ST ( ) Delete  
Name: JACOBS, JUNE  
Address: 154 ARCHWOOD CIRCLE  
City-St-Zip: BROOKLYN, MI 49230

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

Title: VP (X) Change ( ) Addition  
Name: HORAN, MARLENE  
Address: 16 KEMPSEN STREET  
City-St-Zip: NEWPORT, RI 02840

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

Title: ST (X) Change ( ) Addition  
Name: MORELAND, IONA  
Address: 936 BARRACUDA COVE COURT  
City-St-Zip: ANNAPOLIS, MD 21401

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: MICHELLE ROSSMAN, CAM

CAM

04/08/2009

Electronic Signature of Signing Officer or Director

Date