

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 031 ****61.25

DOCUMENT # N02000005103

1. Entity Name
HARBOUR WALK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
ROSSMAN PROPERTY MGMT, LLC ✓
415 CAPE CORAL PKWY WEST SUITE 3
CAPE CORAL, FL 33914

Mailing Address
ROSSMAN PROPERTY MGMT, LLC ✓
415 CAPE CORAL PKWY WEST SUITE 3
CAPE CORAL, FL 33914

40105640



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.

04192007 Chg-NP CR2E037 (12/06)

City & State
Cape Coral, FL
Zip
33904 Country

City & State
Cape Coral, FL
Zip
33904 Country

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COONRING, JENNIFER
ROSSMAN PROPERTY MGMT, LLC
415 CAPE CORAL PKWY WEST SUITE 3
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name **Michelle Rossman CAM**
Street Address (P.O. Box Numbers Not Acceptable)
Rossman Realty Property Mgmt, LLC
1104 SE 46th Lane #2
City **Cape Coral** State **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 **Michelle Rossman**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	VP	<input type="checkbox"/> Delete
NAME	GUZIAK, ROBERT	
STREET ADDRESS	34301 HILL DR	
CITY-ST-ZIP	KIMBALL, MI 48074	
TITLE	P	<input type="checkbox"/> Delete
NAME	GENT, WENDY	
STREET ADDRESS	5210 CAIQUITA BLVD #201 A	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOVE, MARY	
STREET ADDRESS	5218 CHIQUITA BLVD, # 202C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Wendy Gent by Michelle Rossman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wendy Gent

4/25/07 Date
239-443-1091 Daytime Phone #