

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90122 020 ****61.25

DOCUMENT # N04000000736 1. Entity Name THE WINERY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ROSSMAN REALTY PROP. MGMT., LLC 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904			Mailing Address C/O ROSSMAN REALTY PROP. MGMT., LLC 1104 SE 46TH LANE #2 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		Country		01162008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-0616014				Applied For: ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSMAN, MICHELLE CAM C/O ROSSMAN REALTY PROPERTY MGMT. 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required after filing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, MARJORIE 4905 CHIQUITA BLVD. #101 CAPE CORAL, FL 33914	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTIT, JULIE 912 SW 46TH LANE, #101 CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMON, CECI 912 SE 46TH LANE, #204 CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, 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. I am the owner, officer, director, or trustee of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and I am not a minor, an incompetent person, or a person who has been changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Julie Pettit</i> <i>Julie Pettit</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>4/22/08</i> _____ Date		<i>239-443-1091</i> _____ Daytime Phone #	