


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90107 021 ****61.25

DOCUMENT # N04000004656 1. Entity Name HARBOUR TRACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CENTURY 21 SUNBELT INC. 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US		Mailing Address C/O CENTURY 21 SUNBELT INC. 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US	
2. Principal Place of Business <i>Rossman Realty Property Mgmt LLC</i> <i>415 Cape Coral Pkwy W #3</i> <i>Cape Coral, FL</i> <i>33914</i>		3. Mailing Address <i>Rossman Realty Property Mgmt LLC</i> <i>415 Cape Coral Pkwy W #3</i> <i>Cape Coral, FL</i> <i>33914</i>	
4. FEI Number 13-4239130		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIFKA, BEVERLY C/O CENTURY 21 SUNBELT INC. 506 SW 47TH TERRACE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name <i>Jennifer Conning</i> Street Address (P.O. Box Number is Not Acceptable) <i>Rossman Realty Property Mgmt LLC</i> <i>415 Cape Coral Pkwy W #3</i> City <i>Cape Coral</i> FL Zip Code <i>33914</i>	
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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title are acceptable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	P GAMETT, DICK 1616 CAPE CORAL PKWY CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Garrett, Richard 1616 Cape Coral Pkwy Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREDESON, LINDA 5308 CHIQUITA BLVD #202B CAPE CORAL, FL 33914 <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	ST HESS, JOHN 1412 SW 48TH TERR CAPE CORAL, FL 33914 <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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

60038180



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