

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-04-2007 90087 030 ****61.25

DOCUMENT # N04000004656 1. Entity Name HARBOUR TRACE CONDOMINIUM ASSOCIATION, INC.																																																																																		
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914 US		Mailing Address ROSSMAN REALTY PROPERTY MGMT LLC ✓ 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914 US																																																																																
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.																																																																																
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904																																																																																
4. FEI Number 13-4239130		Applied For ☐ Not Applicable																																																																																
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																
6. Name and Address of Current Registered Agent JENNIFER GOMRING ROSSMAN REALTY PROPERTY MGMT LLC 415 CAPE CORAL PKWY W. #3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Michelle Rossman CAM Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property Mgmt. LLC 1104 SE 46th Lane #2 City Cape Coral 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 <u>Michelle Rossman</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4/25/07</u> (NOTE: Registered Agent signature required when reinstating)																																																																																
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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">TITLE</th> <th style="width: 65%;">NAME</th> <th style="width: 20%;">Delete</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>GARRETT, RICHARD</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1616 CAPE CORAL PKWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td>VP</td> <td>BREDESON, LINDA</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5308 CHIQUITA BLVD #202B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td>ST</td> <td>HESS, JOHN</td> <td>☒</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1412 SW 48TH TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> </tbody> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">TITLE</th> <th style="width: 65%;">NAME</th> <th style="width: 20%;">Change</th> <th style="width: 20%;">Addition</th> </tr> </thead> <tbody> <tr> <td>VPD</td> <td></td> <td>☒</td> <td>☐</td> </tr> <tr> <td>PD</td> <td></td> <td>☒</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>STD</td> <td>Filomeno, James</td> <td>☐</td> <td>☒</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5401 SW 17TH AVE</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> </tbody> </table>				TITLE	NAME	Delete	P	GARRETT, RICHARD	☐	STREET ADDRESS	1616 CAPE CORAL PKWY		CITY-ST-ZIP	CAPE CORAL, FL 33914		VP	BREDESON, LINDA	☐	STREET ADDRESS	5308 CHIQUITA BLVD #202B		CITY-ST-ZIP	CAPE CORAL, FL 33914		ST	HESS, JOHN	☒	STREET ADDRESS	1412 SW 48TH TERR		CITY-ST-ZIP	CAPE CORAL, FL 33914				☐			☐			☐	TITLE	NAME	Change	Addition	VPD		☒	☐	PD		☒	☐			☐	☐	STD	Filomeno, James	☐	☒	STREET ADDRESS	5401 SW 17TH AVE			CITY-ST-ZIP	CAPE CORAL, FL 33914					☐	☐			☐	☐			☐	☐
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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: <u>Linda Bredeson by Michelle Rossman</u> <u>4/25/07</u> <u>239-443-1091</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																		

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