
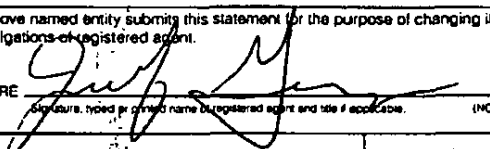
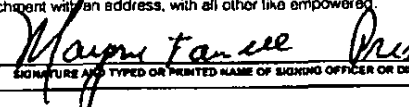


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/1

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90305 009 \*\*\*\*61.25

<b>DOCUMENT # N05000002431</b>			
1. Entity Name <b>BEACH LANDINGS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 912 S.E. 46TH LANE SUITE 201 CAPE CORAL, FL 33904		Mailing Address 912 S.E. 46TH LANE SUITE 201 CAPE CORAL, FL 33904	
2. Principal Place of Business Rossman Realty Property Mgmt LLC 415 Cape Coral Pkwy W #3 Cape Coral, FL 33914		3. Mailing Address Rossman Realty Property Mgmt LLC 415 Cape Coral Pkwy W #3 Cape Coral, FL 33914	
04062006 Chg-NP CR2E037 (11/05)		4. FEI Number <b>59-1501728</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHUTT, DARRIN R</b> 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name <b>Jennifer Goring</b> Street Address (P.O. Box Number is Not Acceptable) <b>Rossman Realty Property Mgmt LLC</b> 415 Cape Coral Pkwy W #3 Cape Coral, FL 33914	
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 		DATE	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, MARJORIE 912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904 <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	VD POWELL, BILL M 912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904 <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	STD HERTZ, SCOTT 912 S.E. 46TH LANE, SUITE 201 CAPE CORAL, FL 33904 <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: 		Date <b>4/17/06</b> 239 540 4417 Daytime Phone #	

66010000

