

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000002431

1. Entity Name
BEACH LANDINGS CONDOMINIUM ASSOCIATION, INC.



5/1

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

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

660104**

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 Rossman Realty Property mgmt LLC
Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33914

Zip
33914

Country

04082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1501728 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL, FL 33904

Name **Jennifer Gonring**

Street Address (P.O. Box Number is Not Acceptable)

Rossman Realty Property mgmt LLC

415 Cape Coral Pkwy W #3

City **Cape Coral**

Zip Code **33914**

7. Name and Address of New Registered Agent

SIGNATURE *Jennifer Gonring*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$81.25
Due by May 1, 2006

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 IN 10

TITLE PD
NAME POWELL, MARJORIE
STREET ADDRESS 912 S.E. 46TH LANE, SUITE 201
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VD
NAME POWELL, BILL M
STREET ADDRESS 912 S.E. 46TH LANE, SUITE 201
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE STD
NAME HERTZ, SCOTT
STREET ADDRESS 912 S.E. 46TH LANE, SUITE 201
CITY-ST-ZIP 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
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STREET ADDRESS
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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 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: *Mayra Tanee Ores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 239
540 4417
Daytime Phone #