

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90087 044 \*\*\*\*61.25

<b>DOCUMENT # N06000003770</b> 1. Entity Name <b>VILLA CONGRESS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1315 SW 47TH TERRACE CAPE CORAL, FL 33914</b>		Mailing Address <b>415 CAPE CORAL PARKWAY SUITE #3 CAPE CORAL, FL 33914</b>	
2. Principal Place of Business, No P.O. Box # <b>Rossman Realty Prop. Mgmt. Suite, Apt. #, etc. 1104 SE 46th Lane #2</b>		3. Mailing Address <b>Rossman Realty Prop. Mgmt. Suite, Apt. #, etc. 1104 SE 46th Lane #2</b>	
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>	
Zip <b>33904</b>		Zip <b>33904</b>	
Country 		Country 	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONRING, JENNIFER 415 CAPE CORAL PARKWAY SUITE #3 CAPE CORAL, FL 33914</b>		7. Name and Address of New Registered Agent Name <b>Michelle Rossman CAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>Rossman Realty Property Mgmt. LLC</b> <b>1104 SE 46th Lane #2</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b>	
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> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>4/27/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, RUSS 523 E. SECOND STREET MOORESTOWN, NJ 08057	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEOGH, DEMOT 1315 SW 47TH TERRACE, UNIT 101 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Schafer, Erle 210 S. Crain Hwy. Glen Burnie, MD 21061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERBES, WAYNE 1315 SW 47TH TERRACE, UNIT 112 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Camm, Kevin PO Box 1186 E. Hampstead, NH 03826
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: <u>Russ Cohen by Michelle Rossman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/27/07</u> DAYTIME PHONE # <u>239-443-1091</u>	
Russ Cohen CAM			