

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000004442

1. Entity Name
SANTA COLOMA GARDENS CONDOMINIUM
ASSOCIATION INC.



**FILED
Apr 25, 2008 8:00 am
Secretary of State**

04-25-2008 90122 013 ****61.25

Principal Place of Business
7231 SW 63RD AVE., SUITE 200
MIAMI, FL 33143

Mailing Address
7231 SW 63RD AVE., SUITE 200
MIAMI, FL 33143

2. Principal Place of Business No P.O. Box #
3732 SW 7th St.
Suite, Apt. #, etc.

3. Mailing Address
Cp Rossman Prop. Mgmt.
Suite, Apt. #, etc.
1104 SE 46th Lane #2

City & State
Cape Coral, FL
Zip **33914** Country **USA**

City & State
Cape Coral, FL
Zip **33904** Country **USA**

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VALLE, MARIA PESQ.
3750 NW 87TH AVE., SUITE 100
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name **Michelle Rossman CAM**

Street Address P.O. Box Number is Not Acceptable

90 Rossman Prop. Mgmt.
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

Michelle Rossman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Michelle Rossman, CAM 4/22/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD BRU, RAFACI I 7231 SW 63RD AVE., SUITE 200 MIAMI, FL 33143 | <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 | SD MORIERA, DOMINGO R 7231 SW 63RD AVE., SUITE 200 MIAMI, FL 33143 | <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 | TD GONZALEZ, SILVIA 7231 SW 63RD AVE., SUITE 200 MIAMI, FL 33143 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Rafael Bru* *Rafael Bru*

4/22/08 239-443-1091

by *Michelle Rossman CAM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #