



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N06000004442</b> 1. Entity Name SANTA COLOMA GARDENS CONDOMINIUM ASSOCIATION INC.					
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 Pl. Suite, Apt. #, etc.		3. Mailing Address C/o 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		4. FEI Number APPLIED FOR Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01162008 Chg-NP CR2E037 (12/06)	
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, etc. C/o 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: <u>Michelle Rossman</u> <u>Michelle Rossman, CAM</u> <u>4/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
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
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>Rafael Bru</u> <u>Rafael Bru</u> <u>4/22/08</u> <u>239-443-1091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					