


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90088 019 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # N06377 | |  | |
| 1. Entity Name CAVENDISH SQUARE CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 415 CAPE CORAL PKWY. W. #3 CAPE CORAL, FL 33914 US | | Mailing Address C/O AMERICAN CONDO MGMT PO BOX 100399 CAPE CORAL, FL 33910 US | |
| 2. Principal Place of Business - No P.O. Box # c/o Rossman Realty Prop Mgmt Suite, Apt. #, etc. 1104 SE 46th Lane #2 | | 3. Mailing Address Rossman Realty Prop Mgmt Suite, Apt. #, etc. 1104 SE 46th Lane #2 | |
| City & State Cape Coral, FL | | City & State Cape Coral, FL | |
| Zip 33904 | | Zip 33904 | |
| Country | | Country | |
| 4. FEI Number 59-2787596 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSSMAN REALTY PROPERTY 415 CAPE CORAL PKWY. W. #3 CAPE CORAL, FL 33914 | | 7. Name and Address of New Registered Agent Name: Michelle Rossman CAM Street Address (P.O. Box Number is Not Acceptable): Rossman Realty Property Mgmt LLC 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> | | DATE: <u>4/20/07</u> | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: TD | NAME: KELLER, DAVID <input type="checkbox"/> Delete | TITLE: PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 2217 NW 30TH ST | CITY-ST-ZIP: CAPE CORAL, FL 33993 | NAME: | STREET ADDRESS: |
| TITLE: SD | NAME: MAISANO, JOSEPHINE <input type="checkbox"/> Delete | TITLE: D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 423 W. CAPE CORAL PARKWAY #105 | CITY-ST-ZIP: CAPE CORAL, FL 33914 | NAME: | STREET ADDRESS: |
| TITLE: PD | NAME: OST, MILT <input type="checkbox"/> Delete | TITLE: VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 503 W CAPE CORAL PKWY 104 | CITY-ST-ZIP: CAPE CORAL, FL 33914 | NAME: | STREET ADDRESS: |
| TITLE: VP <input checked="" type="checkbox"/> Delete | NAME: MACKEIGAN, LAURETTA | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3858 SE 7TH PLACE | CITY-ST-ZIP: CAPE CORAL, FL 33904 | NAME: | STREET ADDRESS: |
| TITLE: | NAME: | TITLE: SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | NAME: William Wilson | STREET ADDRESS: 18 Ross Ave. |
| TITLE: | NAME: | CITY-ST-ZIP: Hampton Beach, NH 03842 | |
| STREET ADDRESS: | CITY-ST-ZIP: | TITLE: TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: | NAME: | NAME: Keith Frissell | STREET ADDRESS: 423 Cape Coral Pkwy. W. #208 |
| STREET ADDRESS: | CITY-ST-ZIP: | CITY-ST-ZIP: Cape Coral, FL 33914 | |
| 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>David Kelly by Michelle Rossman</u> | | DATE: <u>4/20/07</u> DAYTIME PHONE #: <u>239-443-1091</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| <u>David Keller CAM</u> | | | |