

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90088 026 ****61.25

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04192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N07990

1. Entity Name
DANAH COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
ROSSMAN REALTY PROPERTY MGMT. LLC ✓
415 CAPE CORAL PKWY #3
CAPE CORAL, FL 33914

Mailing Address
ROSSMAN REALTY PROPERTY MGMT. LLC ✓
415 CAPE CORAL PKWY #3
CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box #
1104 SE 46th Lane #2
Suite, Apt. #, etc.

3. Mailing Address
1104 SE 46th Lane #2
Suite, Apt. #, etc.

City & State
Cape Coral, FL
Zip
33904
Country

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33904
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4. FEI Number
65-0217305
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONRING, JENNIFER
ROSSMAN REALTY PROPERTY MGMT. LLC
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 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 Michelle Rossman

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

(NOTE: Registered Agent signature required when reinstating)

4/25/07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAGIELLO, JUDY 1113 CAPDORA PKWY W CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GRUCA, DOROTHY 60 FOX HILL ROAD FLETCHER, NC 28752	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP L'HEMREUT, LEE 79 DAVIS AVE AUBURN, ME 04210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL CALRONE, ANTONIA 8183 COLLETTE CT ORLAND PARK, IL 60462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL ROTUNDO, JOANNE 12 CREEST CT BROOKLYN, NY 11229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD L'Heureux	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Judy Yagiello by Michelle Rossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07
Date

239-443-1091
Daytime Phone #

Judy Yagiello
CAM