

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 043 ****61.25

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DOCUMENT # N13343 1. Entity Name VIKING CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																																			
Principal Place of Business C/O GILLIAN PATERSON 131 SW 47TH TERR CAPE CORAL, FL 33914 US		Mailing Address C/O GILLIAN PATERSON 131 SW 47TH TERR CAPE CORAL, FL 33914 US																																																																																																																																																																	
2. Principal Place of Business, No P.O. Box # <i>Rossman Realty Prop. Mgmt</i> Suite, Apt. #, etc. <i>1104 SE 46th Lane #2</i> City & State <i>Cape Coral FL</i> Zip <i>33904</i> Country		3. Mailing Address <i>Rossman Realty Prop. Mgmt LLC</i> Suite, Apt. #, etc. <i>1104 SE 46th Lane #2</i> City & State <i>Cape Coral FL</i> Zip <i>33904</i> Country																																																																																																																																																																	
4. FEI Number 65-0035660		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																																	
6. Name and Address of Current Registered Agent C/O ROSSMAN REALTY PROPERTY MGMT 415 CAPE CORAL PKWY W #3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name <i>Michelle Rossman CAM</i> Street Address (P.O. Box Number is Not Acceptable) <i>Rossman Realty Property Mgmt. LLC</i> <i>1104 SE 46th Lane #2</i> City <i>Cape Coral</i> FL Zip Code <i>33904</i>																																																																																																																																																																	
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 <i>Michelle Rossman</i> DATE <i>4/27/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																																			
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																																																																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;"></td> </tr> <tr> <td>NAME</td> <td>LE BLANC, TAMI</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>131 SW 47 TER # 206</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td>LAMBERGER, CAROL</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6000 OAKHILL AVE NE</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AILAONCE, OH 94601</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S/T</td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td>PATERSON, GILLIAN</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>131 SW 47TH TERRACE</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 15%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td>Umberger, Carol</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	P	<input type="checkbox"/> Delete		NAME	LE BLANC, TAMI			STREET ADDRESS	131 SW 47 TER # 206			CITY-ST-ZIP	CAPE CORAL, FL 33914			TITLE	VP	<input type="checkbox"/> Delete		NAME	LAMBERGER, CAROL			STREET ADDRESS	6000 OAKHILL AVE NE			CITY-ST-ZIP	AILAONCE, OH 94601			TITLE	S/T	<input type="checkbox"/> Delete		NAME	PATERSON, GILLIAN			STREET ADDRESS	131 SW 47TH TERRACE			CITY-ST-ZIP	CAPE CORAL, FL 33914			TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	Umberger, Carol			STREET ADDRESS				CITY-ST-ZIP				TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP			
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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: <i>Tami LeBlanc by Michelle Rossman</i> DATE <i>4/27/07</i> 239-443-1091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																																			
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