2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13343

CAPE CORAL, FL 33904

FILED Apr 15, 2009 Secretary of State

Entity Name: VIKING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ROSSMAN REALTY PROP. MGMT 131 SW 47TH TERRACE 1104 SE 46TH LANE #2 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

ROSSMAN REALTY PROP. MGMT 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US

FEI Number: 65-0035660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSSMAN, CAM, MICHELLE CAM
ROSSMAN REALTY PROPERTY MGMT. LLC
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 US

ROSSMAN, MICHELLE CAM
ROSSMAN REALTY PROPERTY MGMT. LLC
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 US

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.

SIGNATURE: MICHELLE ROSSMAN, CAM 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 LE BLANC, TAMI
 Name:
 LE BLANC, TAMMI

 Address:
 131 SW 47 TER # 206
 Address:
 131 SW 47 TERRACE # 206

Address: 131 SW 47 TER # 205 Address: 131 SW 47 TERRACE # 206

City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914

Title: VPD () Delete Title: VPD (X) Change () Addition Name: UMBERGER, CAROL Name: UMBERGER, CAROL

Address: 6000 OAKHILL AVE NE Address: 6000 OAKHILL AVE NE
City-St-Zip: AlLAONCE, OH 94601 City-St-Zip: ALLIANCE, OH 44601

Title: STD () Delete Title: () Change () Addition

 Name:
 GROVER, PATRICIA
 Name:

 Address:
 131 SW 47TH TERRACE, #203
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ROSSMAN, CAM CAM 04/15/2009