

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90207 019 \*\*\*\*61.25

<b>DOCUMENT # N24786</b> 1. Entity Name <b>MANATEE COVE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4704 SW SANTA BARBARA P #202</b> <b>CAPE CORAL, FL 33914</b>		Mailing Address <b>506 SW 47TH TERR</b> <b>CAPE CORAL, FL 33914 US</b>	
2. Principal Place of Business <i>Rossman Realty Property mgmt LLC</i> Suite, Apt. #, etc. <b>415 Cape Coral Pkwy W #3</b> City & State <b>Cape Coral FL</b> Zip <b>33914</b>		3. Mailing Address <i>Rossman Realty Property mgmt LLC</i> Suite, Apt. #, etc. <b>415 Cape Coral Pkwy W #3</b> City & State <b>Cape Coral FL</b> Zip <b>33914</b>	
4. FEI Number <b>65-0123167</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DRIFKA, BEVERLY</b> <b>C/O CENTRY 21 SUNBELT REALTY</b> <b>506 SW 47TH TERRACE</b> <b>CAPE CORAL, FL 33914</b>		7. Name and Address of New Registered Agent Name <i>Jennifer Goring</i> Street Address (P.O. Box Number is Not Acceptable) <i>Rossman Realty Property mgmt LLC</i> <b>415 Cape Coral Pkwy W #3</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33914</b>	
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>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>P</b> NAME <b>STERN, AARON</b> STREET ADDRESS <b>4704 S.W. SANTA BARBARA PLACE, A201</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>Grammer, Don</b> STREET ADDRESS <b>123 SW 47th Terrace #102-B</b> CITY-ST-ZIP <b>Cape Coral, FL 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STRE</b> NAME <b>SAAWYER, ALICE</b> STREET ADDRESS <b>532 FOX LAKE DR</b> CITY-ST-ZIP <b>CHARLESTON, IL 61920</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>DYKE HOUSE, BRUCE</b> STREET ADDRESS <b>123 SW 47TH TERR #B203</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>MANGO, LORAIN</b> STREET ADDRESS <b>2 PETERS PATH</b> CITY-ST-ZIP <b>MOUNT SINAI, NY 11766</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>GRAMMER, KATHRYN</b> STREET ADDRESS <b>123 SW 47 TERRACE #102-B</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>	<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.			
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/9/06</b> Daytime Phone # <b>739-542-8864</b>	

40083208



04042006 Chg-NP CR2E037 (11/05)