

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 034 ****61.25

DOCUMENT # N24786

1. Entity Name
MANATEE COVE CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
ROSSMAN REALTY PROPERTY MGMT, LLC ✓
415 CAPE CORAL PKWY WEST SUITE 3
CAPE CORAL, FL 33914 US

40105641



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.

04192007 Chg-NP CR2E037 (12/06)

City & State
Cape Coral, FL
Zip
33904 Country

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Cape Coral, FL
Zip
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4. FEI Number
65-0123167 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COONRING, JENNIFER
ROSSMAN REALTY PROPERTY MGMT, LLC
415 CAPE CORAL PKWY WEST SUITE 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 **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 **P**
STREET ADDRESS
CITY-ST-ZIP
GRAMMER, DON
123 SW 47TH TERRACE SUITE 102-B
CAPE CORAL, FL 33914 ☐ Delete

TITLE
NAME **STRE**
STREET ADDRESS
CITY-ST-ZIP
SAAWYER, ALICE
532 FOX LAKE DR
CHARLESTON, IL 61920 ☒ Delete

TITLE
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP
DYKE HOUSE, BRUCE
123 SW 47TH TERR #B203
CAPE CORAL, FL 33914 ☒ Delete

TITLE
NAME **VP**
STREET ADDRESS
CITY-ST-ZIP
MANGO, LORAIN
2 PETERS PATH
MOUNT SINAI, NY 11766 ☐ Delete

TITLE
NAME **D**
STREET ADDRESS
CITY-ST-ZIP
GRAMMER, KATHRYN
123 SW 47 TERRACE #102-B
CAPE CORAL, FL 33914 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **VPD** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **STD** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
Usas Whitney
4704 SW Santa Barbara Pl. #104A
Cape Coral, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Don Grammer by Michelle Rossman** **4/25/07** **239-443-1091**
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Don Grammer

CAM