


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90235 027 ****61.25

DOCUMENT # N28532		
1. Entity Name DAVE'S COURT CONDOMINIUM ASSOCIATION, INC.		

40084648



Principal Place of Business 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US	Mailing Address 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US
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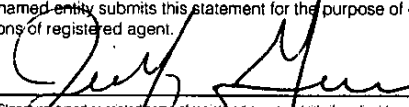
2. Principal Place of Business Rossman Realty Property mgmt LLC Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 City & State Cape Coral, FL Zip 33914 Country	3. Mailing Address Rossman Realty Property mgmt LLC Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3 City & State Cape Coral, FL Zip 33914 Country
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04062006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0556145	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 DRIFKA, BEVERLY C-21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914	7. Name and Address of New Registered Agent Name Jennifer Gearing Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property mgmt LLC 415 Cape Coral Pkwy W #3 City Cape Coral FL Zip Code 33914
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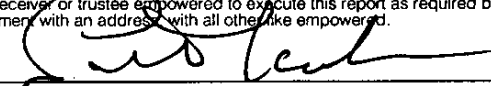
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FAVALE, JOSEPH 1 PRESCOTT ST #302 E BOSTON, MA 02128 <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	VPD BAPTISTA, RICHARD 24 SWAN AVE E BOSTON, MA 02128 <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	PD SCOLARO, PETER 12 PALERMO ST BOSTON, MA 02128 <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	D YOUNG, CHIP 1005 SW 48TH TERRACE #1 CAPE CORAL, FL 33914 <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	SD TASANTOHO, VICKI 1005 SW 48TH TERRACE #3 CAPE CORAL, FL <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.

SIGNATURE:  Peter Scolaro 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #