

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 027 ****61.25

DOCUMENT # N28532 1. Entity Name DAVE'S COURT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT, LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914 US		Mailing Address ROSSMAN REALTY PROPERTY MGMT, LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914 US	
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.	
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904	
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 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 Numbers 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 <u><i>Michelle Rossman</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u><i>4/25/07</i></u> <small>(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			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAPTISTA, RICHARD 24 SWAN AVE E BOSTON, MA 02128	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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tarantino, Vicki <input checked="" 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	D Young, Chip 1517 S. Walnut Spokane, WA 99203 <input type="checkbox"/> Change <input checked="" 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: <u><i>Peter Scolaro by Michelle Rossman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u><i>4/25/07</i></u> DAYTIME PHONE # <u><i>239-443-1091</i></u>	

Peter Scolaro

CAM