


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90087 039 ****61.25

DOCUMENT # N35727 1. Entity Name RIVER VIEW OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % ROSSMAN REALTY PROPERTY MGMT ✓ 415 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914		Mailing Address % ROSSMAN REALTY PROPERTY MGMT ✓ 415 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 1104 SE 46 th Lane #2 Suite, Apt. #, etc.		3. Mailing Address 1104 SE 46 th Lane #2 Suite, Apt. #, etc.	
City & State Cape Coral, FL Zip 33904 Country		City & State Cape Coral, FL Zip 33904 Country	
4. FEI Number 65-0189242		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSMAN, MICHELLE 1207 NW 18TH STREET CAPE CORAL, FL 33993		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 46 th 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>Michelle Rossman</u> DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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			
TITLE	STD	<input type="checkbox"/> Delete	
NAME	MARANDINO, JACK J.		
STREET ADDRESS	4206 SE 20TH PLACE #104		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	TOMEK, DONALD		
STREET ADDRESS	4206 SE 20TH PLACE, #101		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	POWELL, MARJORIE		
STREET ADDRESS	4206 SE 20TH PLACE, #102		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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>Donald Tomek by Michelle Rossman</u> DATE <u>4/25/07</u> 239-443-1091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Donald Tomek CAM			