## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35727

Title:

Name:

Address:

City-St-Zip:

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POWELL, MARJORIE

4206 SE 20TH PLACE, #102

CAPE CORAL, FL 33904

**FILED** Apr 15, 2009 Secretary of State

Entity Name: RIVER VIEW OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** % ROSSMAN REALTY PROPERTY MGMT 4206 SE 20TH PLACE 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 **New Mailing Address: Current Mailing Address:** % ROSSMAN REALTY PROPERTY MGMT 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 FEI Number: 65-0189242 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ROSSMAN, CAM, MICHELLE ROSSMAN, MICHELLE CAM ROSSMAN REALTY PROPERTY MGMT. LLC ROSSMAN REALTY PROPERTY MGMT. LLC 1104 SE 46TH LANE #2 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US 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. SIGNATURE: MICHELLE ROSSMAN, CAM 04/15/2009 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS: VPTD** () Delete () Change () Addition MARANDINO, JACK J. Name: Name: 4206 SE 20TH PLACE #104 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: PD () Delete Title: () Change () Addition TOMEK, DONALD Name: Name: Address: 4206 SE 20TH PLACE, #101 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

Title:

Name:

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City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ROSSMAN, CAM CAM 04/15/2009

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