

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N9400004332

1. Entity Name  
CORAL VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O ROSSMAN REALTY PROPERTY MANAGEMENT LLC C/O ROSSMAN REALTY PROPERTY MANAGEMENT LLC  
415 CAPE CORAL PARKWAY W #3 415 CAPE CORAL PARKWAY W #3  
CAPE CORAL, FL 33914 US CAPE CORAL, FL 33914 US

2. Principal Place of Business - No P.O. Box #

1104 SE 46<sup>th</sup> Lane #2

Mailing Address

1104 SE 46<sup>th</sup> Lane #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Zip

33904

Country

Country

4. FEI Number

65-0588628

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSSMAN REALTY  
415 CAPE CORAL PKWY. W-3  
CAPE CORAL, FL 33914

Name *Michelle Rossman CAM*

Street Address (P.O. Box Number is Not Acceptable)

*Rossman Realty Property Mgmt LLC*

*1104 SE 46<sup>th</sup> 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*

*4/23/07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME POLYDOROFF, STEVE  
STREET ADDRESS 5609 DEL RIO CT  
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE VPD  
NAME SCOPA, RALPH  
STREET ADDRESS 5202 SW 27TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE SD  
NAME ZIEMSKI, JOE  
STREET ADDRESS 1137 SE 2ND TERR  
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

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STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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:

*Jack Hardman by Michelle Rossman*

*4/23/07 239-443-1091*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack Hardman CAM*

Date

Daytime Phone #