

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757445

**FILED**  
**May 19, 2015**  
**Secretary of State**  
**CC6688728168**

**Entity Name:** PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

15008 PUNTA RASSA RD  
FT. MYERS, FL 33908

**Current Mailing Address:**

15008 PUNTA RASSA RD  
FT. MYERS, FL 33908

**FEI Number:** 59-2274377

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, JAMES J  
15008 PUNTA RASSA RD  
FT. MYERS, FL 33908 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIMANTEL, JAMES ESQ.  
Address        15031 PUNTA RASSA RD.  
                  #303  
City-State-Zip: FT. MYERS FL 33908

Title            VP  
Name            CRAWFORD, RUSS ESQ.  
Address        15008 PUNTA RASSA RD  
City-State-Zip: FT. MYERS FL 33908

Title            SECRETARY  
Name            GALLES, BRUCE  
Address        15008 PUNTA RASSA RD  
City-State-Zip: FT. MYERS FL 33908

Title            TR  
Name            ZACHMAN, JANIS  
Address        15008 PUNTA RASSA RD  
City-State-Zip: FT. MYERS FL 33908

Title            D  
Name            ROSSERE, JACK  
Address        15008 PUNTA RASSA RD  
City-State-Zip: FT. MYERS FL 33908

Title            D  
Name            PROSSER, RICK ESQ.  
Address        15008 PUNTA RASSA RD  
City-State-Zip: FT. MYERS FL 33908

Title            DIRECTOR  
Name            FFAULHABER, JOE  
Address        15008 PUNTA RASSA RD  
City-State-Zip: FT. MYERS FL 33908

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES SIMANTEL

**PREIDENT**

**05/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date