NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
05-21-2008 90018 018 ****61.25

DOCUMENT # 745055

1. Entity Name
Rocco Condominium I Assoc.

50005583

DO NOT WRITE IN THIS SPACE

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

FEE IS $61.25 Initial or Amended AR

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

TITLE	P
NAME	Carol Tidwell
STREET ADDRESS	2090-D Lark Circle West
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	VP
NAME	Alice Pappo
STREET ADDRESS	2295-F Lark Circle East
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	SD
NAME	Carol Samples
STREET ADDRESS	2237-A Lark Circle West
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	TD
NAME	Evie Haines
STREET ADDRESS	2297-B Lark Circle East
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	D
NAME	Betty Morrison
STREET ADDRESS	2297-D Lark Circle East
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol M. Tidwell 5/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #