

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001691

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** ROCK SPRINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7 DISALVO PLACE  
APOPKA, FL 32712

**New Principal Place of Business:**

8 DISALVO PLACE  
APOPKA, FL 32712

**Current Mailing Address:**

7 DISALVO PLACE  
APOPKA, FL 32712

**New Mailing Address:**

24 DISALVO PLACE  
APOPKA, FL 32712

**FEI Number:** 20-4309149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLIER, MICHELLE  
24 DISALVO PL  
APOPKA, FL 32712 US

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

ROCK SPRINGS HOA  
24 DISALVO PL  
APOPKA, FL 32712 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 COLLIER

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOHNSON, SYLVIA  
Address: 8 DISLAVO PLACE  
City-St-Zip: APOPKA, FL 32712

Title: VP  
Name: HENDERSON, KEN  
Address: 55 DISALVO PLACE  
City-St-Zip: APOPKA, FL 32712

Title: S  
Name: CARMON, JENNIEFER  
Address: 72 DISALVO PLACE  
City-St-Zip: APOPKA, FL 32712

Title: T  
Name: COLLIER, MICHELLE  
Address: 24 DISALVO PLACE  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: TARVER, PAMELA  
Address: 48 DISALVO PLACE  
City-St-Zip: APOPKA, FL 32712

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: MICHELLE COLLIER

LCAM

01/11/2012

Electronic Signature of Signing Officer or Director

Date