## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## THE ROOKERY COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mail
6687 KESTREL CIRCLE	8687
FORT MYERS FL 33912	FOR

## **FILED** Jan 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									
6887 KESTREL CIRCLE 6687 KESTREL CIRCLE FORT MYERS FL 33912 FORT MYERS FL 33912			3. Date Incorporated or Qualified 04/21/1987						
						4. FEI Number 65-0111378	F	Applied For Not Applicable	
2. Principal Place of Business 2a. Mailing Address 28				5. Certificate of Status Desired		75 Additional se Required			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
City & State City & State 28				7. Is this nonprofit corporation a homeowners ass			clation?		
Zip	Country 25	Zip 29				a. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
FORRESTER, JAMES H. 6687 KESTREL CIRCLE FORT MYERS FL 33912		81	Name						
		62	Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
		83							
				84	City	FL	85	Zip Code	
office or registe:	red agent, or both, in the St		e was authorize	ed by	the corporat	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoi			

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TELE NAME GEHRINGER, GREG 1.2 NAME **6746 KESTREL CIR** STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE FORRESTER, JAMES NAME 2.2 NAME 6687 KESTREL CIR STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME JURKOWSKI, JOYCE 3.2 NAME 6814 KESTREL CIR STREET ADDRESS 3.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE GEHRINGER, GREG NAME 4.2 NAME **6746 KESTREL CIRCLE** STREET ADDRESS 4.3 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 City-St-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if pranged or on an attachingent with an address.

6.4 CITY - ST - ZIP

CITY-ST-ZIP