FILE NOW: FILING.FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20251

1. Corporation Name

THE ROOKERY COMMUNITY ASSOCIATION, INC.

Principal Place of Busine
6687 KESTREL CIRCLE
FORT MYERS FL 33912

Mailing Address

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90078 045 ****61.25

6687 KESTREL CIRCLE FORT MYERS FL 33912	6687 KESTREL CIRCLE FORT MYERS FL 33912	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 04/21/1987
	0.4- 1.4	A CEI Number Applied For

<u> </u>	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		Applied For		
22		27				65-0111378		Not Applicable		
23	City & State	28	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
24	Zip Country		Zip C	ountry		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
FORRESTER, JAMES H. 6687 KESTREL CIRCLE				81	Name					
				82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)				
	FORT MYERS FL 33912			83						
				84	City	FL	85 Z	ip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE						DATE		
	Signature, typed or printed name of registered agent and title if applicable		gistered Agent signature re			ES TO OFFICERS		C IN 12
12.	OFFICERS AND DIRECTORS		13.	AUUII	HONS/CHANG	ES TO OFFICERS		
TITLE	P	DELETE	1.1 TITLE	P	ο .	- O A	☐ Change	Addition
NAME	GEHRINGER, GREG		1.2 NAME	NINCONS	JO. 15 A1	RACO CINCO		
STREET ADDRESS	6746 KESTREL CIR		1.3 STREET ADDRESS	6.19-2	LE EZ ALES	- CINCO		
CITY-ST-ZIP	FT. MYERS FL 33912		1.4 CITY-ST-ZIP	FOAT !	и५ _ዾ ላડ	FL 339		
TITLE	TD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	FORRESTER, JAMES		2.2 NAME					
STREET ADDRESS	6687 KESTREL CIR		2.3 STREET ADDRESS					
C/TY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP					
TITLE	SD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	JURKOWSKI, JOYCE		3.2 NAME					
STREET ADDRESS	6614 KESTREL CIR		3.3 STREET ADDRESS					
CITY-ST-ZIP	FT MYERS FL		3.4. CITY-ST-ZIP					
TITLE	P	DELETE	4.1 TITLE	V	Λ.		☐ Change	Addition
NAME	GEHRINGER, GREG	<i>'</i>	4. 2 NAME	GARY	PAZME	١		
STREET ADDRESS	6746 KESTREL CIRCLE		4.3 STREET ADDRESS	6698 to	tsilter	CIACLE		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZiP	_ F7 M	yeas F	3391		
TITLE		☐ DELETE	5.1 TITLE		•		Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					<u> </u>
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					į
STREET ADDRESS		1	6.3 STREET ADDRESS]				'
			64 CITY-ST-ZIP	,				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with althorier like empowered.

SIGNATURE: