2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am Secretary of State

DOCUMENT # N20251						01-31-2007 90042 024 ****61.25			
1. Entity Name THE ROOKERY COMMUNITY ASSOCIATION, INC.									
Principal Plac 6687 KESTR			Address KESTREL CIRCLE	- -		40007303			
FORT MYERS, FL 33912			FORT MYERS, FL 33912			գցցում			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6687 Scstrcl Crr Sqmc									
6687 Kestre 1 Crr Sq M Suite, Apt. #, etc. Suite, Apt. #, etc.						01272007 _{CI}	ng-NP CF	R2E037 (12/06)	
City & State		City	City & State			4. FEI Number		·	plied For
FT M)	vers Fl					65-011137	8	 	t Applicable
^{Zip} 339	166 Country USA	Zìp		Country		5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered	d Agent	Name			ress of New Regist		
						rrestor, James H (P.O. Box Number is Not Acceptable)			
6687 KESTREL CIRCLE Street Address (FORT MYERS, FL 33912						O. Box Number is i	Not Acceptable)		
					68	7 Kestr	el Circi		
				City F	- t ,	Myers_		FL Zip Cod	66
	named entity submits this statement tions of registered agent.	for the purpo	se of changing its	registered office or	registere	ed agent, or both, in	the State of Florida.	I am familiar with,	and accept
,							1	5/9	
SIGNATURE	Signature, typed or printed-name of registered age	ent and title if appli	icable. (NOTE	Registered Agent signatur	re required	when reinstating)	——————————————————————————————————————	DATE	
Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		check payable to Department of St		
10.	OFFICERS AND D	DIRECTORS		11.	A	DDITIONS/CHANG	L ES TO OFFICERS AN	ND DIRECTORS IN	10
TITLE NAME	D FORRESTER, JAMES		Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	6687 KESTREL CIR			STREET ADDRESS					
CITY-ST-ZIP	FT. MYERS, FL			CITY-\$1-ZIP					- Addition
TITLE NAME	JURKOWSKI, JOYCE		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP	6614 KESTREL CIR FT MYERS, FL			STREET ADDRESS City-St-Zip					
TITLE	D D	. <u>.</u>	Delete	TITLE		 -	<u></u> ,	☐ Change	☐ Addition
NAME	PALMER, GARY 6746 KESTRFL CIRCLE			NAME DARFEY 4000500				_ ,	
STREET ADDRESS CITY-ST-ZIP	FORT MYERS, FL			STREET ADDRESS CITY-ST-ZIP					
TITLE			Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE NAME	1		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP			☐ Delete	CITY-S1-ZIP				☐ Change	Addition
NAME			C Delete	NAME				□ avenda	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
hoteoibai	Dertify that the information supplied will on this report or supplemental report	tie true and s	accurate and that a	ov eignatura ehall ha	ava tha s	same legal effect as i	if made under oath::	that I am an officer	or director
of the cor	ron this report or supplemental report rooratio n or the re ceiver or trustee em , or on an attachment with an address	powered to e	execute this report	as required by Char	pter 617	', Florida Statutes; an	nd that my name app	ears in Block 10 o	Block 11 if
-		/				1-29-07	230.	-939-110	, C
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							Date	-939-//S Daytime Phone #	<u> </u>