


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37408 (4)
1. Corporation Name
ROCKRIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business STEVE LUDWIG 1460 5TH COURT VERO BEACH FL 32960 US	Mailing Address STEVE LUDWIG 1460 5TH COURT VERO BEACH FL 32960 US
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3. Date Incorporated or Qualified 04/03/1990	
4. FEI Number 59-2367798	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ETHIG STEVE
1460 5TH COURT
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name LUDWIG, Steve	
82 Street Address (P.O. Box Number is Not Acceptable) 1460 5th Court	
83 City VERO BEACH	
84 State FL	85 Zip Code 32960

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: *Stephen B. Ludwig* *Stephen B. Ludwig* DATE: **2/24/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUDWIG, STEVE		1.2 NAME	
STREET ADDRESS 1460 5TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32960		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUTILLE, CHESTER		2.2 NAME	
STREET ADDRESS 1821 4TH COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32960		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATKINS, MELANIE		3.2 NAME	
STREET ADDRESS 1391 4TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32960		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMBS, VIVAN		4.2 NAME Paylor, Robert	
STREET ADDRESS 1440 4TH CT		4.3 STREET ADDRESS 1441 3rd Court	
CITY-ST-ZIP VERO BEACH FL 32960		4.4 CITY-ST-ZIP VERO BEACH, FL 32960	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUTILLE, PEGGY		5.2 NAME	
STREET ADDRESS 1430 4TH AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32960		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UMHOEFER, ELIZABETH		6.2 NAME	
STREET ADDRESS 670 15TH PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP VERO BCH FL		6.4 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.

SIGNATURE: *Stephen B. Ludwig* *Stephen B. Ludwig* DATE: **2/24/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)