


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 042 ****70.00

DOCUMENT # N37408

1. Entity Name
ROCKRIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**ROCKRIDGE CLUBHOUSE
 ROCKRIDGE BLVD.
 VERO BEACH, FL 32960 US**

Mailing Address
**PO BOX 650323
 VERO BEACH, FL 32965-0323 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02202004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2367798

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent
**FISCHER, ELLEN
 1580 5TH COURT
 VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent
 Name Britton Walter
 Street Address (P.O. Box Number is Not Acceptable)
601 16th St
 City Vero Beach FL Zip Code 32960

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Walter Britton President Walter Britton 4/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, ELLEN		NAME	Britton Walter	
STREET ADDRESS	1580 5TH CT.		STREET ADDRESS	601 16th St	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, MELANIE		NAME		
STREET ADDRESS	1391 4TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, JANICE		NAME	Debra Jennifer	
STREET ADDRESS	1640 4TH AVENUE		STREET ADDRESS	1610 4th Ct.	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGYALE, BILL		NAME		
STREET ADDRESS	1680 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, STEPHEN		NAME		
STREET ADDRESS	1640 4TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, RITA		NAME		
STREET ADDRESS	661 16TH ST		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Britton Walter Britton 4/2/04 772 562-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #