


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90032 003 ****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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALTER, BRITTEN 601 16TH ST. VERO BEACH, FL 32960		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, BRITTON	NAME	
STREET ADDRESS	601 16TH ST.	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBULA, JENNIFER	NAME	ELIZABETH DUTILLE
STREET ADDRESS	1610 4TH CT.	STREET ADDRESS	1621 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 checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDWIG, STEPHEN	NAME	CHESTER DUTILLE
STREET ADDRESS	1640 4TH AVENUE	STREET ADDRESS	1621 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	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: <i>Walter Britton</i> Walter Britton		Date: 2/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 562-7325	

50015698



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2367798 Applied For Not Applicable

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

FL Zip Code

772