

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37408

FILED
Apr 27, 2009
Secretary of State

Entity Name: ROCKRIDGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ROCKRIDGE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 650323
VERO BEACH, FL 329650323 US

New Mailing Address:

FEI Number: 59-2367798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, JOE PHIL
326 16TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARPENTER, PHIL
Address: 326 16TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: T () Delete
Name: MCCARFREY, EDWARD
Address: 1441- 3RD COURT
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: CONTI, JODI
Address: 1580 5TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: TINSLEY, JULIE
Address: 1555 3RD AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: RALPH, DON
Address: 1530 4TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: GOLDSTEIN, IRENE
Address: 1531 5TH CT
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MCCAFFREY

TRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date