


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N50364 1. Entity Name THE OAKS AT ROCKLEDGE COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 912 HIALEAH ST. ROCKLEDGE, FL 32953-6109 US	Mailing Address 912 HIALEAH ST. ROCKLEDGE, FL 32953-6109 US
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3152827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MOSLEY, CURTIS R. 1221 EAST NEW HAVEN AVE. MELBOURNE, FL 32901
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**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KIRSNER, HYMAN 750 N. ATLANTIC AVE. COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KIRSNER, IDA 750 N. ATLANTIC AVE. PH #6 COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KIRSNER, STEVEN 912 HIALEAH ST. ROCKLEDGE, FL 329556109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000625440  
02/14/07-80076-008 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: STEVEN KIRSNER FEB. 2, 2007 (321-6391388)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR