

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 754675 (7)**  
1. Corporation Name  
**NORTH ROCKLEDGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**825 SOUTH VARR AVENUE  
ROCKLEDGE FL 32955** **925 SOUTH VARR AVENUE  
ROCKLEDGE FL 32955**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1980</b>		3a. Date of Last Report <b>04/26/1995</b>	
21		26		4. FEI Number <b>59-2885490</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

## 9. Name and Address of Current Registered Agent

**WATSON, REVA M.  
925 S. VARR AVENUE  
ROCKLEDGE FL 32955**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, EDDIE			1.2 NAME	LAVARNE WOODWARD		
STREET ADDRESS	828 S GEORGIA AVE.			1.3 STREET ADDRESS	VICE PRESIDENT		
CITY-ST-ZIP	ROCKLEDGE FL			1.4 CITY-ST-ZIP	943 VARR AVENUE		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPEARMAN, DOTTIE M			2.2 NAME	CAROLYN DAVIS		
STREET ADDRESS	1018 BRIGHTMAN ST			2.3 STREET ADDRESS	915 SOUTH CAROLINA		
CITY-ST-ZIP	ROCKLEDGE FL			2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, REVA M.			3.2 NAME	WILLIAMS, EDDIE		
STREET ADDRESS	925 SO VARR AVENUE			3.3 STREET ADDRESS	828 S Georgia Ave		
CITY-ST-ZIP	ROCKLEDGE FL			3.4 CITY-ST-ZIP	Rockledge, FL 32955		
TITLE	D	<input checked="" type="checkbox"/> DELETE <b>ERROR</b>		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, MATTIE			4.2 NAME			
STREET ADDRESS	904 S. CAROLINA AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, EARLENE G.			5.2 NAME			
STREET ADDRESS	910 S. CAROLINA AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUEY, EDWARD W			6.2 NAME			
STREET ADDRESS	917 S. VARR AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Reva M. Watson* *Reva M. Watson* *4/15/96* *407-632-4833*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)