

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90234 006 \*\*\*\*61.25

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 754675</b>                                              |  |
| <b>1. Entity Name</b><br>NORTH ROCKLEDGE HOMEOWNERS ASSOCIATION, INC. |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>925 SOUTH VARR AVENUE<br>ROCKLEDGE FL 32955 | <b>Mailing Address</b><br>925 SOUTH VARR AVENUE<br>ROCKLEDGE FL 32955 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |



MOORE CR2E037 (11/03)

|                                                             |  |                                                                                                        |  |
|-------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b>      |  | <b>7. Name and Address of New Registered Agent</b>                                                     |  |
| WATSON, REVA M.<br>925 S. VARR AVENUE<br>ROCKLEDGE FL 32955 |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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 Reva M. Watson 26 May 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                              |                                                                                                                              |                                                                     |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to:</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>WILLIAMS, EDDIE<br>828 S GEORGIA AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>SPEARMAN, DOTTIE M<br>1018 BRIGHTMAN ST<br>ROCKLEDGE FL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>WOODARD, LAVERNE<br>943 S. VARR AVE<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>WATSON, REVA M<br>925 SO VARR AVE<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CD<br>SANDERS, CORNELL<br>839 S. VARR AVE.<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>BOUEY, EDWARD W<br>917 S. VARR AVE<br>ROCKLEDGE FL 32955 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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: Reva M. Watson 26 May 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #