2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700142

FILED Apr 06, 2009 Secretary of State

Entity Name: ROCKWOOD CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5305 CHENAULT AVENUE ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** 5305 CHENAULT AVENUE ORLANDO, FL 32839 FEI Number: 59-2438923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROVENZANO, DOLORES 5305 CHENAULT AVENUE ORLANDO, FL 32839 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCURRY, CYNTHIA Name: Name: 5306 STRATEMEYER DR Address: Address: ORLANDO, FL 32839 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MIHANOVIC, GRACE Name: Name: Address: 5208 STRATE MEYER DR. Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: () Delete Title: () Change () Addition PROVENZANO, DOLORES Name: Name: 5305 CHENAULT AVE Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: VP2 () Delete Title: () Change () Addition Name: GREGORY, ALLEN Name: 5410 CHENAULT AVE Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: () Delete Title: () Change () Addition BIGNA, TED Name: Name: 5418 CHENAULT AVE Address: Address: City-St-Zip: ORLANDO, FL 32839 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: CYNTHIA K. MCCURRY P 04/06/2009