



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90149 041 ****61.25

DOCUMENT # 711947					
1. Entity Name RODEHEAVER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 7800 HWY A1A MELBOURNE BEACH, FL 32951 US			Mailing Address 7810 WINONA ROAD MELBOURNE BEACH, FL 32951 US		
2. Principal Place of Business 7810 Winona Road		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042006 Chg-NP CR2E037 (11/05)	
City & State Melbourne Beach, FL		City & State		4. FEI Number 51-0173630	
Zip 32951		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMMIS, JENNIFER L 7810 WINONA ROAD MELBOURNE BEACH, FL 32951			7. Name and Address of New Registered Agent Name BILL ALLAN Street Address (P.O. Box Number is Not Acceptable) 7825 Casuarina Drive City Melbourne Beach FL Zip Code 32951		
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 <u>William Allan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3-6-2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME WARREN, KENNETH STREET ADDRESS 7790 WINONA RD CITY-ST-ZIP MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TSD NAME SAMMIS, RALPH STREET ADDRESS 7810 WINONA RD. CITY-ST-ZIP MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME PERRINE, ANN STREET ADDRESS 7815 WINONA RD CITY-ST-ZIP MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemptions contained 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-6-2006</u> Daytime Phone #		