


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 046 ****61.25

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| DOCUMENT # 711947 1. Entity Name RODEHEAVER PROPERTY OWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business 7810 WINONA RD MELBOURNE BEACH, FL 32951 US | | Mailing Address 7810 WINONA ROAD MELBOURNE BEACH, FL 32951 US | |
| 2. Principal Place of Business - No P.O. Box # 7831 Winona Road Suite, Apt. #, etc. | | 3. Mailing Address 7831 Winona Road Suite, Apt. #, etc. | |
| City & State Melbourne Beach, FL Zip 32951 Country Brevard | | City & State Melbourne Beach, FL Zip 32951 Country Brevard | |
| 4. FEI Number 51-0173630 | | 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 ALLAN, BILL 7825 CASUARINA DR MELBOURNE BEACH, FL 32951 | | 7. Name and Address of New Registered Agent Name Mary Casandria Butters Street Address (R.O. Box Number is Not Acceptable) 7831 Winona Road 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>Mary Casandria Butters</u> Mary Casandria Butters 4/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 checked="" type="checkbox"/> Delete | TITLE PD NAME Jim Leggett STREET ADDRESS 7820 Highway A1A CITY-ST-ZIP Melbourne Beach, FL 32951 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE TSD NAME SAMMIS, RALPH STREET ADDRESS 7810 WINONA RD. CITY-ST-ZIP MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete | TITLE TSD NAME Mary Casandria Butters STREET ADDRESS 7831 Winona Road CITY-ST-ZIP Melbourne Beach, FL 32951 <input type="checkbox"/> Change <input checked="" 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 | | |
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| 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>Mary Casandria Butters</u> Mary Casandria Butters 4/8/07 (321) 726-8418 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

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