2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

NAME

THE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Feb 15, 2008 8:00 am Secretary of State **DOCUMENT #711947** 02-15-2008 90002 046 ****61.25 RODEHEAVER PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 7831 WINONA ROAD 7831 WINONA ROAD MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 51-0173630 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTTERS, MARY C 7831 WINONA ROAD Street Address (P.O. Box Number is Not Acceptable) MELBOURNE BEACH, FL 32951 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE LEGGETT, JIM Perrine Ann 7815 Winone Road NAME NAME STREET ADDRESS 7820 HIGHWAY A1A STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH, FL. 32951 CITY-ST-ZIP Mel bourne Booch, FL 32981 TSD TITLE Delete TILLE Change ☐ Addition BUTTER, MARY'C NAME NAME 7831 WINONA ROAD STREET ADDRESS STREET ADDRESS MELBOURNE BEACH, FL 32951 CITY-ST-ZIP CITY-ST-ZIP VPD Delete TITLE TITLE Channe ☐ Addition Blasco, Jeryl PERRINE, ANN NAME NAME 7815 WINONA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-ZIP FL32951 ☐ Delete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition

FILED

☐ Change

☐ 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.

CITY-ST-ZIP

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP