

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717926 (0)**

1. Corporation Name  
**COCOA-ROCKLEDGE GARDEN CLUB, INC.**

Principal Place of Business 1493 S FISKE BLVD. PO BOX 560111 ROCKLEDGE FL 32956-7111	Mailing Address 1493 S FISKE BLVD. PO BOX 560111 ROCKLEDGE FL 32956-7111
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3. Date Incorporated or Qualified  
**01/21/1970**

4. FEI Number  
**59-1056201**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**KIDD, WILLIAM R.**  
**925-A S. FLORIDA AVENUE**  
**ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HINMAN, MRS. PHILLIP 1210 GOLDEN POND LANE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD FRALEY, Mrs. William D. 1312 Sequoia Place Rockledge, FL 32955
NAME	VD TURNER, MRS. O. K. 1375 BYRD COURT ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	CS MINOT, MRS. JOHN 1401 GLENEAGLES CIRCLE ROCKLEDGE FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	S LINDLEY, MRS. ERNEST 934 BOWING LANE ROCKLEDGE FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
	T SIMMONS, MRS. HOWARD 1721 FAIRWAY LANE ROCKLEDGE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
	P JOHNSON, MRS. CHARLES 1404 GLENEAGLES CIRCLE ROCKLEDGE FL	<input type="checkbox"/> DELETE	2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

2.1 TITLE	VD CALLAHAN, MRS. JIMMIE 3119 Ipswich Drive Cocoa, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CS SIMMONS, MRS. HOWARD 1721 Fairways Lane Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	RS BELTRAN, MRS. BARBARA 967 Beechfern Lane Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	T HOSSELTON, MRS. PHOEBE L. 3060 N. Atlantic Ave. #605 Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	P PACKARD, MRS. HERMAN 1404 Gleneagles Way Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phoebe L. Hosselton* 3/13/98 (407) 783-8778

CR2E037 (10/97)