FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 23 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727334 (5)

1. Corporation Name
ROKEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8400 LAGOS DE CAMPO BLVD TAMARAC FL 33321	8400 LAGOS DE CAMPO BLVD TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1973
3a. Date of Last Report: 03/01/1994
4. FEI Number: 54-1054832 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ZELZMAN, RUBIN
8390 LAGOS DE CAMPO BLVD.
TAMARAC FL 33321

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 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, RAYMOND	1.2 NAME	
STREET ADDRESS	8380 LAGOS DE CAMPO BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	D ☑ Change ☐ Addition
NAME	BUSH, DOROTHY	2.2 NAME	VESPOLE, ANTHONY
STREET ADDRESS	8400 LAGOS DE CAMPO BLVD	2.3 STREET ADDRESS	8380 LAGOS DE CAMPO BLVD.
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	UNGER, RUTH	3.2 NAME	
STREET ADDRESS	8390 LAGOS DE CAMPO BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ZANE, IRVING	4.2 NAME	
STREET ADDRESS	8380 LABOS DE CAMPO BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	V ☑ Change ☐ Addition
NAME	CONTI, LAURA	5.2 NAME	CONTI, LAURA
STREET ADDRESS	8400 LAGOS DR CAMPO BLVD	5.3 STREET ADDRESS	8400 LAGOS DE CAMPO BLVD
CITY-ST-ZIP	TAMARAC, FL 00000	5.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	KALMAN, ELLEN	6.2 NAME	FLORIMONTE, FRANK
STREET ADDRESS	8390 LAGOS DE CAMPO BLVD	6.3 STREET ADDRESS	8380 LAGOS DE CAMPO BLVD.
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	TAMARAC, FL 33321

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Raymond Newman - RAYMOND NEWMAN 1/12/95 (305) 721-8253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRES, SEC) Date Daytime Phone #

0046950