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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727334

1. Corporation Name

ROKEST CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
**8400 LAGOS DE CAMPO BLVD
TAMARAC FL 33321**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/24/1973

4. FEI Number

54-1054832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**WOLF, JEANNE L.
8390 LAGOS DE CAMPO BLVD.
#309
TAMARAC FL 33321**

Delete

10. Name and Address of New Registered Agent

81 Name **ETHEL J. LA SALA**
82 Street Address (P.O. Box Number is Not Acceptable)
8400 Lagos De Campo Blvd
83 **#306**
84 City **TAMARAC** 85 Zip Code **FL 33321**

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

Ethel J. La Sala
Signature, typed or printed name of registered agent and title if applicable.

ETHEL J. LA SALA President

3/7/99
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **SPD**
NAME **JOHANSCKI, THERESA**
STREET ADDRESS **8390 LAGOS DE CAMPO BLVD #103**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VPBD** ☒ DELETE
NAME **FLORIMONTE, FRANK**
STREET ADDRESS **8380 LAGOS DE CAMPO BLVD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **T** ☒ DELETE
NAME **VONA, PHYLLIS**
STREET ADDRESS **8390 LAGOS DE CAMPO BLVD., #301**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE
NAME **ZANE, IRVING**
STREET ADDRESS **8330 LAGOS DE CAMPO #101**
CITY-ST-ZIP **TAMARAC FL**

TITLE **BD** ☐ DELETE
NAME **LASALA, ETHEL**
STREET ADDRESS **8400 LAGOS DE CAMPO BLVD.**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE
NAME **FELDMAN, FLORENCE**
STREET ADDRESS **8380 LAGOS DE CAMPO**
CITY-ST-ZIP **TAMARAC FL 33321**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VPBD** ☒ Change ☒ Addition
2.2 NAME **HELEN DEEG**
2.3 STREET ADDRESS **8400 Lagos De Campo Blvd #112**
2.4 CITY-ST-ZIP **TAMARAC FL 33321**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **ANTONIO Cotoia**
3.3 STREET ADDRESS **8390 Lagos De Campo Blvd #307**
3.4 CITY-ST-ZIP **TAMARAC FL 33321**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Dorothy Bush**
4.3 STREET ADDRESS **8400 Lagos De Campo #307**
4.4 CITY-ST-ZIP **TAMARAC FL 33321**

5.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **TREASURER** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

Ethel J. La Sala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/99 (954) 720-7434
Date Daytime Phone #

CR2E037 (11/98)