## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#727334**

FILED Apr 14, 2009 Secretary of State

Entity Name: ROKEST CONDOMINIUM ASSOCIATION, INC.

Current P	rincinal Place	e of Business:	New Princ	cipal Place of Business:	
	OS DE CAMP		77077 7 77110		
107		O BEVB			
	C, FL 33321		M B#	6 d.d	
	lailing Addre		New Maili	ng Address:	
107	OS DE CAMP C, FL 33321	O BLVD			
FEI Number:	: 54-1054832	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:	
150 SOUT SUITE 540	& EICHNER, 'H PINE ISLAN ) ION, FL 3332	ID ROAD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	MERJIAN, LEC	DE CAMPO #307	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition SCOCA, BERNARDINO 8390 LAGOS DE CAMPO #205 TAMARAC, FL 33321	
Title: Name: Address: City-St-Zip:	ROSE, LAURA	DECAMPO BLVD #106	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FERRARO, RI	DECAMPO BLVD. #108	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BROWN, KATH	DECAMPO BLVD #304	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( TOMEO, JANIO 8390 LAGOS I TAMARAC, FL	DE CAMPO	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HERNANDEZ, ROBERT 8390 LAGOS DE CAMPO BLVD. # 201 TAMARAC, FL 33321	
Title: Name: Address: City-St-Zip:	ROSE, LAURA	DE CAMPO #106	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition THOMPSON, IRENE 8400 LAGOS DE CAMPO BLVD. #311 TAMARAC, FL 33321	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARDINO SCOCA P 04/14/2009