

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90001 007 ****61.25

DOCUMENT # 751585

1. Entity Name
THE ROOKERY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3251 WHITE IBIS CT
PUNTA GORDA, FL 33950 US**

Mailing Address
**100 SULLIVAN 57
STE 112
PUNTA GORDA, FL 33950 US**



03122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0194328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, JOAN
110 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BENNER, WILLIAM
3251 WHITE IBIS CT., 2C
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SIZER, JOSEPH
3251 WHITE IBIS CT A4
PUNTA GORDA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ROSA, FRED
3251 WHITE IBIS CT 3B
PUNTA GORDA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #