


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90086 013 \*\*\*\*61.25

**DOCUMENT # 752386**

1. Entity Name  
**ROCKDOVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 1359 ROCK DOVE COURT  
 PUNTA GORDA, FL 33950

Mailing Address  
 1359 ROCK DOVE COURT  
 PUNTA GORDA, FL 33950

**94029438**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**100 SULLIVAN ST**  
**SUITE 112**

City & State  
**PUNTA GORDA FL**

Zip Country  
**33950 US**

03082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**GREENE, JOAN F**  
**265 TAMiami TR.**  
**NO. 6**  
**PUNTA GORDA, FL 33950**

4. FEI Number  
**59-2099095**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**100 SULLIVAN ST**

**SUITE 112**

City **PUNTA GORDA FL** Zip Code **33952**

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: *Jon F Greene* DATE: *2/8/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC COLL, JOHN A 1355 ROCK DOVE CT. #6 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAEMER, LEONHARD 1359 ROCK DOVE CT. #3 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELOKUR, ROBERETA 1358 ROCK DOVE CT. #5 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPP, RONALD 1355 ROCK DOVE CT. #4 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCOLL, PATRICIA 1335 ROCK DOVE #6 PUNTA GORDA, FL 33951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steve Mishkind P.O. Box 51196 PUNTA GORDA FL 33951-1196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Patricia McColl* **PATRICIA MCCOLL** **3-10-04** **941-699-2713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #