

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752386

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: ROCKDOVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1359 ROCK DOVE COURT  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510699  
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

FEI Number: 59-2099095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSSI, SUSAN  
1352 ROCK DOVE CT  
B-204  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

DOMBER, HARLAN  
3900 CLARK ROAD  
L-1  
SARASOTA, FL 34233 US

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.

SIGNATURE: HARLAN DOMBER

02/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASEY, KATHLEEN  
Address: 1358 ROCK DOVE CT #5  
City-St-Zip: PUNTA GORDA, FL 33950

Title: V ( ) Delete  
Name: BOUSSIOS, APOSTOLA S  
Address: 1358 ROCK DOVE CT #1  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ST ( ) Delete  
Name: HELGEMO, MAXINE  
Address: 1358 ROCK DOVE CT #7  
City-St-Zip: PUNTA GORDA, FL 33950

Title: T ( ) Delete  
Name: DUNBAR, HENRY  
Address: 2235 LAZY RIVER DR  
City-St-Zip: CHARLESTON, SC 29414

Title: D ( ) Delete  
Name: GULICK, JOHN  
Address: 1355 ROCK DOVE CT #8  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHLEEN CASEY

PD

02/14/2009

Electronic Signature of Signing Officer or Director

Date