FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754675** **(7)**

1. Corporation Name
NORTH ROCKLEDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
925 SOUTH VARR AVENUE ROCKLEDGE FL 32955	925 SOUTH VARR AVENUE ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2885490 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSON, REVA M. 925 S. VARR AVENUE ROCKLEDGE FL 32955	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, EDDIE	1.2 NAME	
STREET ADDRESS	828 S GEORGIA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☑ Change ☐ Addition
NAME	FLOWERS, HAZEL M.	2.2 NAME	DOTTIE M. SPEARMAN
STREET ADDRESS	830 S. CAROLINA AVE.	2.3 STREET ADDRESS	1018 BRIGHTMAN STREET
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, REVA M.	3.2 NAME	
STREET ADDRESS	925 SO VARR AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GLENN, MATTIE	4.2 NAME	
STREET ADDRESS	904 S. CAROLINA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	PD ☑ Change ☐ Addition
NAME	JOHNSON, EARLENE G.	5.2 NAME	JOHNSON, EARLENE G.
STREET ADDRESS	910 S. CAROLINA AVE.	5.3 STREET ADDRESS	910 S. CAROLINA AVE
CITY-ST-ZIP	ROCKLEDGE FL	5.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE		6.1 TITLE	D ☐ Change ☑ Addition
NAME		6.2 NAME	EDWARD W. BOUEY
STREET ADDRESS		6.3 STREET ADDRESS	917 S. VARR AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Reva M. Watson REVA M. Watson APRIL 20, 1995 407-632-1833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000418