FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **10/16/1980**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2885490** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WATSON, REVA M.
925 S. VARR AVENUE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	VD	LAVERNE WOODWARD ☐ Change ☒ Addition
NAME	WILLIAMS, EDDIE		1.2 NAME		VICE PRESIDENT
STREET ADDRESS	828 S GEORGIA AVE.		1.3 STREET ADDRESS		943 VARR AVENUE
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP		ROCKLEDGE, FLORIDA 32955
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	SPEARMAN, DOTTIE M		2.2 NAME		CORRESPONDING SECRETARY
STREET ADDRESS	1018 BRIGHTMAN ST		2.3 STREET ADDRESS		CAROLYN DAVIS
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		915 SOUTH CAROLINA, ROCKLEDGE, FL 32955
TITLE	TD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WATSON, REVA M.		3.2 NAME		WILLIAMS, EDDIE
STREET ADDRESS	925 SO VARR AVENUE		3.3 STREET ADDRESS		828 S Georgia Ave
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP		Rockledge, FL 32955
TITLE	D	☒ DELETE ERROR	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, EARLENE G.		5.2 NAME		
STREET ADDRESS	910 S. CAROLINA AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOUEY, EDWARD W		6.2 NAME		
STREET ADDRESS	917 S. VARR AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 4/15/96 407-632-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #