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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 925 SOUTH VARR AVENUE
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-2028

3. Date Incorporated or Qualified 10/16/1980 3a. Date of Last Report 04/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2885490	<input checked="" type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 Country	29 Country	Trust Fund Contribution	<input type="checkbox"/>
	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Reva M. Watson Reva M. Watson 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	DELETE	1.1 TITLE	PD	Change	Addition
NAME	WILLIAMS, EDDIE		1.2 NAME	WILLIAMS EDDIE		
STREET ADDRESS	828 S GEORGIA AVE.		1.3 STREET ADDRESS	828 S. Georgia Av		
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	Rockledge, FL 32955		
TITLE	SD	DELETE	2.1 TITLE		Change	Addition
NAME	SPEARMAN, DOTTIE M		2.2 NAME			
STREET ADDRESS	1018 BRIGHTMAN ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE	VD Woodard, Laverne	Change	Addition
NAME	WILLIAMS, EDDIE		3.2 NAME	S. Varr Av		
STREET ADDRESS	828 S GEORGIA AVE		3.3 STREET ADDRESS	Rockledge, FL 32955		
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE	TD	Change	Addition
NAME	GLENN, MATTIE		4.2 NAME	WATSON, REVA M		
STREET ADDRESS	904 S. CAROLINA AVE.		4.3 STREET ADDRESS	925 So. Varr Av		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP	Rockledge, FL 32955		
TITLE	PD	DELETE	5.1 TITLE	D	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	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			

14. I do 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 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 4/21/97 402 637 4833

CR2E037 (9/96)