

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90024 013 ****61.25

DOCUMENT # 754675

1. Corporation Name

NORTH ROCKLEDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
925 SOUTH VARR AVENUE
ROCKLEDGE FL 32955

Mailing Address
925 SOUTH VARR AVENUE
ROCKLEDGE FL 32955



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/16/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2885490	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		29		30	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	
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	VD	3.1 TITLE	
NAME	WOODARD, LAVERNE	3.2 NAME	
STREET ADDRESS	S VARR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WATSON, REVA M	4.2 NAME	
STREET ADDRESS	925 SO VARR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
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	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE:

Reva M. Watson

Date

Daytime Phone #

CR2E037 (1/98)