

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754675

1. Entity 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 32955-2028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2885490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME WILLIAMS, EDDIE  
STREET ADDRESS 828 S GEORGIA AVE.  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ Delete  
NAME SPEARMAN, DOTTIE M  
STREET ADDRESS 1018 BRIGHTMAN ST  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ Delete  
NAME WOODARD, LAVERNE  
STREET ADDRESS S VARR AVE  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ Delete  
NAME WATSON, REVA M  
STREET ADDRESS 925 SO VARR AVE  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☒ Delete  
NAME JOHNSON, EARLENE G  
STREET ADDRESS 910 S. CAROLINA AVE.  
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ Delete  
NAME BOUEY, EDWARD W  
STREET ADDRESS 917 S. VARR AVE  
CITY-ST-ZIP ROCKLEDGE FL

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME Williams, Eddie  
STREET ADDRESS 828 S. Georgia Ave.  
CITY-ST-ZIP Rockledge, FL. 32955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Woodard, Laverne  
STREET ADDRESS 943 S. Varr Av  
CITY-ST-ZIP Rockledge, FL. 32955

TITLE ☒ Change ☐ Addition  
NAME Chaplain Sanders, Cornell  
STREET ADDRESS 833 S. Varr Av  
CITY-ST-ZIP Rockledge, FL. 32955

TITLE ☒ Change ☐ Addition  
NAME WATSON, Reva M  
STREET ADDRESS 925 So. Varr Av  
CITY-ST-ZIP Rockledge, FL 32955

TITLE ☒ Change ☐ Addition  
NAME Bouey Edward W  
STREET ADDRESS 917 S. Varr Av  
CITY-ST-ZIP Rockledge, FL. 32955

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 321-632-4833

CR2E037 (9/99)