

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 754675**

1. Entity Name

NORTH ROCKLEDGE HOMEOWNERS ASSOCIATION, INC.**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90081 042 ****61.25



DO NOT WRITE IN THIS SPACE

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

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

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 **VD** ☐ Delete
NAME **WILLIAMS, EDDIE**
STREET ADDRESS **828 S GEORGIA AVE.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**TITLE **SD** ☐ Delete
NAME **SPEARMAN, DOTTIE M**
STREET ADDRESS **1018 BRIGHTMAN ST**
CITY-ST-ZIP **ROCKLEDGE FL**TITLE **SD** ☐ Delete
NAME **WOODARD, LAVERNE**
STREET ADDRESS **943 S. VARR AVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**TITLE **PD** ☐ Delete
NAME **WATSON, REVA M**
STREET ADDRESS **925 SO VARR AVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**TITLE **CD** ☐ Delete
NAME **SANDERS, CORNELL**
STREET ADDRESS **839 S. VARR AVE.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**TITLE **TD** ☐ Delete
NAME **BOUEY, EDWARD W**
STREET ADDRESS **917 S. VARR AVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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:

Reva M. Watson **Reva M. Watson** 4/24/01 321-632-4833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)