

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90123 017 ****61.25

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		
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATSON, REVA M. 925 S. VARR AVENUE ROCKLEDGE, FL 32955			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 8 July 2005 <small>(NOTE: Registered Agent signature required when terminating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, EDDIE 828 S GEORGIA AVE. ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPEARMAN, DOTTIE M 1018 BRIGHTMAN ST ROCKLEDGE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODARD, LAVERNE 943 S. VARR AVE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, REVA M 925 SO VARR AVE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SANDERS, CORNELL 839 S. VARR AVE. ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOUEY, EDWARD W 917 S. VARR AVE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					