

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90100 038 ****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

1st MOORE

CR2E037 (10/05)

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **WILLIAMS, EDDIE**
CITY-ST-ZIP **828 S GEORGIA AVE
ROCKLEDGE FL 32955**

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

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **WOODARD, LAVERNE**
CITY-ST-ZIP **943 S. VARR AVE
ROCKLEDGE FL 32955**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WATSON, REVA M**
CITY-ST-ZIP **925 SO VARR AVE
ROCKLEDGE FL 32955**

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **SANDERS, CORNELL**
CITY-ST-ZIP **839 S. VARR AVE.
ROCKLEDGE FL 32955**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BOUEY, EDWARD W**
CITY-ST-ZIP **917 S. VARR AVE
ROCKLEDGE FL 32955**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **CD**
STREET ADDRESS **WRIGHT ULYSSES**
CITY-ST-ZIP **933 SOUTH GEORGIA AVE
ROCKLEDGE, FL 32955**

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 **29 April 2006**
321 1x3 833A