2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 SEP 29 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754675

1. Entity Name
NORTH ROCKLEDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
925 SOUTH VARR AVENUE ROCKLEDGE, FL 32955	925 SOUTH VARR AVENUE ROCKLEDGE, FL 32955

09222008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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: Reva M Watson Sept 10, 2008
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

800136518196
09/01/08--01019--012 **61.25

10.	OFFICERS AND DIRECTORS
TITLE	CD
NAME	WRIGHT, ULYSSES
STREET ADDRESS	933 S GEORGIA AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	SD
NAME	SPEARMAN, DOTTIE M
STREET ADDRESS	1016 BRIGHTMAN ST
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	SD
NAME	WOODARD, LAVERNE
STREET ADDRESS	943 S. VARR AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	PD
NAME	WATSON, REVA M
STREET ADDRESS	925 SO VARR AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	CD
NAME	SANDERS, CORNELL
STREET ADDRESS	839 S. VARR AVE.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	TD
NAME	BOUEY, EDWARD W
STREET ADDRESS	917 S. VARR AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Reva M. Watson 9/10/08 321-403-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

9/29