

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764963

1. Entity Name

ROCKBROOK VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3733 SUTOR CT.
TALLAHASSEE FL 32311

Mailing Address

3733 SUTOR CT.
TALLAHASSEE FL 32311

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

NOT APPLICABLE

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

EHLEN, MARTIN
3733 SUTOR CT.
TALLAHASSEE FL 32311

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME EHLEN, MARTIN
STREET ADDRESS 3733 SUTOR CT.
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE VPD ☐ Delete
NAME KNIGHT, JAMES
STREET ADDRESS 3000 WINDSOR WAY
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VPD ☒ Change ☐ Addition
NAME Vonnie ANDERSON
STREET ADDRESS 3706 SUTOR CT
CITY-ST-ZIP Tallahassee, FL 32311

TITLE TD ☐ Delete
NAME JORDAN, RUBY D
STREET ADDRESS 3717 SUTOR CT
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE TD ☒ Change ☐ Addition
NAME Helen Langendoerfer
STREET ADDRESS 3731 SUTOR CT.
CITY-ST-ZIP Tallahassee, FL 32311

TITLE S ☐ Delete
NAME ANDERSON, ELANA
STREET ADDRESS 3708 SUTOR CT
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: Helen Langendoerfer 4/4/2002 487-8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)