

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90039 016 \*\*\*\*61.25

**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**

**44050185**



2. Principal Place of Business  
**3723 SUTOR COURT**

3. Mailing Address  
**3723 SUTOR COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06032004 Chg-NP CR2E037 (10/03)

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

Zip  
**32311**

Country  
**USA**

Zip  
**32311**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**EHLEN, MARTIN  
3733 SUTOR CT.  
TALLAHASSEE, FL 32311**

**7. Name and Address of New Registered Agent**

Name  
**MCGINNIS, CAROL**  
Street Address (P.O. Box Number is Not Acceptable)  
**3723 SUTOR COURT**  
City  
**TALLAHASSEE** FL Zip Code  
**32311**

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 *Carol M. McGinnis*

**07/26/04**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EHLEN, MARTIN 3733 SUTOR CT. TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGENDOERFER, HELEN 3731 SUTOR CT TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, ELANA 3708 SUTOR CT TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGINNIS, CAROL 3723 SUTOR CT. TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol M. McGinnis* **CAROL M. MCGINNIS**

**07/26/04**

**942-1557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #