

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 031 ****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**

50060770



2. Principal Place of Business
3723 Sutor Ct.
Suite, Apt. #, etc.

3. Mailing Address
3723 Sutor Ct.
Suite, Apt. #, etc.

08042005 Chg-NP CR2E037 (10/03)

City & State
Tallahassee, FL
Zip
32311
Country
USA

City & State
Tallahassee, FL
Zip
32311
Country
USA

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
MCGINNIS, CAROL
3723 Sutor Ct.
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 VPD - TREASURER	<input type="checkbox"/> Delete
NAME MCGINNIS, CAROL	
STREET ADDRESS 3723 SUTOR CT.	
CITY - ST - ZIP TALLAHASSEE, FL 32311	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Date **08/09/05** Daytime Phone # **850-942-1557**



ATTACHMENT
SV060770

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 4, 2005

ROCKBROOK VILLAGE HOMEOWNER'S ASSOCIATION, INC.
3723 SUTOR CT.
TALLAHASSEE, FL 32311

SUBJECT: ROCKBROOK VILLAGE HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: 764963

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 605A00050241