

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # 771004

1. Entity Name
**ROCKBROOK VILLAGE, UNIT III LOT OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1103 ROCKBROOK COURT
TALLAHASSEE, FL 32311**

Mailing Address
**3539 APALACHEE PARKWAY
PMB 187
TALLAHASSEE, FL 32311**



04222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3069840

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIEGLER, HAZEL
1089 ROCKBROOK COURT
TALLAHASSEE, FL 32311**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ZIEGLER, HAZEL
STREET ADDRESS	1089 ROCKBROOK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	P
NAME	WILLIAMS, SYLVIA D
STREET ADDRESS	1105 VICTORY GARDEN DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	T
NAME	SHERRI, CLENNEY
STREET ADDRESS	3722 ROCKBROOK CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	CHEN, YEN
STREET ADDRESS	1094 ROCKBROOK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	V
NAME	STEPHENS, POLLY
STREET ADDRESS	3720 ROCKBROOK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	DALEY, REBECCA
STREET ADDRESS	3730 ROCKBROOK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311

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05/06/06-80114-007 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #