


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 771004 1. Entity Name ROCKBROOK VILLAGE, UNIT III LOT OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1103 ROCKBROOK COURT TALLAHASSEE, FL 32311	Mailing Address 3539 APALACHEE PARKWAY PMB 187 TALLAHASSEE, FL 32311
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**DO NOT WRITE IN THIS SPACE**



05312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3069840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U00000765821  
06/04/07-80006-006 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: Sherril Clenney 5/31/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #