

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771004

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

1103 ROCKBROOK COURT
TALLAHASSEE, FL 32311

New Principal Place of Business:

3722 ROCKBROOK COURT
TALLAHASSEE, FL 32311

Current Mailing Address:

3539 APALACHEE PARKWAY
PMB 187
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3069840 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZIEGLER, HAZEL
1089 ROCKBROOK COURT
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ZIEGLER, HAZEL
Address: 1089 ROCKBROOK CT
City-St-Zip: TALLAHASSEE, FL 32311

Title: P () Delete
Name: WILLIAMS, SYLVIA D
Address: 1105 VICTORY GARDEN DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: SHERRI, CLENNEY
Address: 3722 ROCKBROOK CT.
City-St-Zip: TALLAHASSEE, FL 32311

Title: V () Delete
Name: STEPHENS, POLLY
Address: 3720 ROCKBROOK CT
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI CLENNEY

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04/24/2009

Electronic Signature of Signing Officer or Director

Date