

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002150

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: ROOKERY POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

24860 BURNT PINE DR.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24860 BURNT PINE DR.
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1118753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEPLES, C. PERRY
8889 PELICAN BAY BLVD.
STE. 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

PEEPLES, C. PERRY
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES, FL 34108 US

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

04/22/2002

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMSEYER, GLENN
Address: 24860 BURNT PINE DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: DAVIS, PAULA
Address: 24860 BURNT PINE DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MUELLER, JUNE
Address: 24860 BURNT PINE DR.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARMER, DAVID
Address: 24860 BURNT PINE DR.
City-St-Zip: BONITA SPRINGS, FL 34134

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 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 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: PAULA DAVIS

Electronic Signature of Signing Officer or Director

D

04/22/2002

Date