
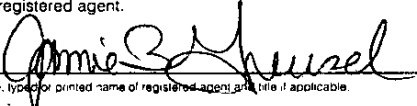
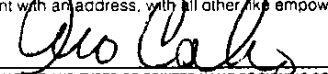


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90185 027 ****61.25

DOCUMENT # N0100002150			
1. Entity Name ROOKERY POINTE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104		Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1118753		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSENOW, ROBERT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104		Name JAMIE GREUSEL Street Address (P.O. Box Number is Not Acceptable) 1104 N. Collier Blvd MARCO ISLAND, FL 3435	
		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 		JAMIE B GREUSEL DATE 4/15/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, KENNETH	NAME	
STREET ADDRESS	20251 ROOKERY DR	STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 33928	CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVARIO, ALBERT	NAME	
STREET ADDRESS	20140 EAGLE GLEN WAY	STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 33928	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLSTAD, THEODORE	NAME	
STREET ADDRESS	20421 TALON TRACE	STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 33928	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBONA, RONALD	NAME	
STREET ADDRESS	9670 FALCONER WAY	STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 33928	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLICK, WILLIAM	NAME	
STREET ADDRESS	9841 ROOKERY CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 33928	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 fees empowered.			
SIGNATURE: 		TR005 Date 4/17/08 Daytime Phone # 239 949-9341	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	