

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003787

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: ROCKINGHAM ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

20638 NW 78 AVE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

20638 NW 78 AVE  
ALACHUA, FL 32615

**New Mailing Address:**

FEI Number: 20-0004946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, MARK P  
20638 NW 78 AVE  
ALACHUA, FL 32615 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: PD ( ) Delete  
Name: SULLIVAN, MARK  
Address: 20638 NW 78TH AVE  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: SULLIVAN, NANCY  
Address: 20638 NW 78TH AVE  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: SULLIVAN, THOMAS  
Address: 20638 NW 78TH AVE  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: SULLIVAN, NANCY  
Address: 20638 NW 78TH AVE  
City-St-Zip: ALACHUA, FL 32615

Title: STD (X) Change ( ) Addition  
Name: SULLIVAN, THOMAS  
Address: 20638 NW 78TH AVE  
City-St-Zip: ALACHUA, FL 32615

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: MARK P SULLIVAN

PD

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date