## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006876

FILED Feb 19, 2008 Secretary of State

Entity Name: ROCKWOOD HOMEOWNER'S ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 24921 BARTRAM ROAD ASTOR, FL 32102 **Current Mailing Address: New Mailing Address:** P O BOX 69 ASTOR, FL 32102 FEI Number: 56-2368508 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMMONS, GREGORY 1800 NW 58TH LANE OCALA, FL 34475 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition MUNDEN, DANIEL R Name: Name: Address: P O BOX 69 Address: City-St-Zip: ASTOR, FL 32102 City-St-Zip: Title: () Delete Title: () Change () Addition SIMMONS, JAMES G Name: Name: Address: 1800 NW 58TH LANE Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: () Delete Title: () Change () Addition MOORE, TERESA E Name: Name: Address: P O BOX 69 Address: City-St-Zip: ASTOR, FL 32102 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: TERESA E MOORE D 02/19/2008