



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90408 001 \*\*\*183.75

<b>DOCUMENT # N03721</b>					
1. Entity Name <b>ROCKWOOD VILLAS UNIT I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>900 SW 62ND BLVD #500 GAINESVILLE, FL 32607</b>			Mailing Address <b>% 900 SW 62ND BLVD., #500 GAINESVILLE, FL 32607</b>		
2. Principal Place of Business		3. Mailing Address		 04042005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2645359</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>POLLARD, FRANCES C</b> <b>900 SW 62ND BLVD #500</b> <b>GAINESVILLE, FL 32607</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 <u><i>Frances C. Pollard, Agent</i></u>				DATE <u>4-7-05</u>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MERRILL, CLAUDE J	NAME	<b>BETTY ADDISON</b>		
STREET ADDRESS	900 SW 62 ND BLVD #G-38	STREET ADDRESS	<b>900 SW 62nd Blvd. #A-1</b>		
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	<b>GAINESVILLE, FL 32607</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SYKES, ANNEMARIE	NAME	<b>JOHN ANNESSER</b>		
STREET ADDRESS	5530 SW 8TH PL	STREET ADDRESS	<b>5741 SW 10th PL.</b>		
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	<b>GAINESVILLE, FL 32607</b>		
TITLE	TS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ULMER, STEPHEN	NAME			
STREET ADDRESS	912 SW 55TH TERR	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANDRIFF, BART	NAME			
STREET ADDRESS	934 SW 58TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WYLES, STEPHANIE	NAME			
STREET ADDRESS	941 SW 56TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTLER, ROBERT	NAME			
STREET ADDRESS	5709 SW 10TH PL	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.					
SIGNATURE: <u><i>[Signature]</i></u>				DATE <u>4-8-05</u> (352) Daytime Phone # <u>335-3639</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	