2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
04-18-2006 90094 001 ***183.75

DOCUMENT # N03721

1. Entity Name
ROCKWOOD VILLAS UNIT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
900 SW 62ND BLVD #500 GAINESVILLE, FL 32607	% 900 SW 62ND BLVD., #500 GAINESVILLE, FL 32607

04132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2645359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLARD, FRANCES C 900 SW 62ND BLVD #500 GAINESVILLE, FL 32607	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MERRILL, CLAUDE J 900 SW 62 ND BLVD #G-38 GAINESVILLE, FL 32607	☒ Delete	D ASTENGO, HANK 5715 SW 10th PL. GAINESVILLE, FL. 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYKES, ANNEMARIE 5530 SW 8TH PL GAINESVILLE, FL 32607	☒ Delete	D DAVIS, JONATHON 819 SW 57th TERR GAINESVILLE, FL. 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ADDISON, BETTY 900 SW 62ND BLVD, # A-1 GAINESVILLE, FL 32607	☐ Delete →	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRANDRIFF, BART 934 SW 58TH TERRACE GAINESVILLE, FL 32607	☐ Delete →	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYLES, STEPHANIE 941 SW 56TH TERRACE GAINESVILLE, FL 32607	☒ Delete	S/T COX, CASEY 900 SW 62nd Blvd #I-52 GAINESVILLE, FL. 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, ROBERT 5709 SW 10TH PL GAINESVILLE, FL 32607	☒ Delete	D RUSSELL, DON 922 SW 57th TERR. GAINESVILLE, FL. 32607	☐ Change ☒ Addition

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 like empowered.

SIGNATURE: _____ 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #