


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90024 036 \*\*\*\*70.00

<b>DOCUMENT # N05000008678</b> 1. Entity Name <b>CARMEN ROCIO HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3520 THOMASVILLE RD., 4TH FLOOR TALLAHASSEE, FL 32309</b>			Mailing Address <b>3520 THOMASVILLE RD., 4TH FLOOR TALLAHASSEE, FL 32309</b>		
2. Principal Place of Business - No P.O. Box # <b>30 Carmen Rocio</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Crawfordville FL</b>		City & State <b>Same</b>		4. FEI Number <b>26-1776647</b> <b>NOT APPLICABLE</b>	
Zip <b>32327</b>		Country <b>Wakulla</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMPSON, SUSAN S 3520 THOMASVILLE RD., 4TH FLOOR TALLAHASSEE, FL 32309</b>			7. Name and Address of New Registered Agent Name <b>Nelle Rozar</b> Street Address (P.O. Box Number is Not Acceptable) <b>30 Carmen Rocio Lane</b> City <b>Crawfordville</b> <b>FL</b> Zip Code <b>32327</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, BILLY M P. O. BOX 3761 TALLAHASSEE, FL 32315	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nelle Rozar 30 Carmen Rocio Lane Crawfordville Fla 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, J. VERN P. O. BOX 3761 TALLAHASSEE, FL 32315	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James A Rozar 30 Carmen Rocio Lane Crawfordville Fla 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, SUSAN S 3520 THOMASVILLE RD., 4TH FLOOR TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Nelle Rozar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-27-08</u> <small>Date Daytime Phone #</small>		

ATTACHMENT

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TTN05000008678

**Talquin Springs, LLP**  
106 W 5<sup>th</sup> Avenue  
Tallahassee, Florida 32303  
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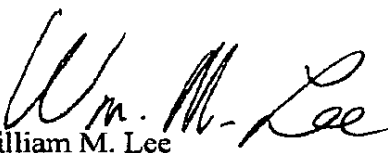
William M. Lee  
P.O. Box 3761  
Tallahassee, FL 32315

February 7, 2007

To Whom It May Concern:

This letter is to notify the City of Tallahassee and Progress Energy that Talquin Springs has handed the corporate books over to James A. and Nell Rozar, members of Carmen Rocio HOA. Carmen Rocio's HOA federal identification number is 26-1716647. This letter is to notify you that we requested Carmen Rocio HOA to put the water and electric in the HOA's name in December 2006. This then will release Talquin Springs of any further financial responsibility for electric and water. The initial deposit is to be released back to Talquin Springs, LLP at the above address. If you have any further questions please contact my office manager, Sherry Foster at 850-222-2166.

Sincerely,

  
William M. Lee