2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010677

FILED Feb 18, 2008 Secretary of State

Entity Name: ROCK ROAD PROPERTY OWNERS ASSOCIATION INC

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
921 MING(NAPLES, F					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
921 MING(NAPLES, F					
FEI Number:	20-5705205	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cui	rent Registered Agent:	Name and Address	of New Registered Agent:	
WING, DA 921 MING NAPLES, F	D DR				
	named entity sub of Florida.	omits this statement for the po	urpose of changing its register	red office or registered agent, or both,	
SIGNATUF					
	Electronic	Signature of Registered Age	nt	Date	
OFFICERS	S AND DIRECTO	PRS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIR () De WING, DANIEL 921 MINGO DR NAPLES, FL 3412		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () De BATTY, M ROY 1020 MINGO DR NAPLES, FL 3412		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () DE LEWIS, RICHARD 1110 MINGO DR NAPLES, FL 3412		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () DE ALLEMONG, DOU 1080 GOODLETTE NAPLES, FL 3410	GLAS E-FRANK DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () DE BROOKS, WILLIA 1375 KERI ISLANI NAPLES, FL 3412	M D DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DANIEL WING DIR 02/18/2008