

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 # N13964							
1. Entity Name ROCKWOOD VILLAS UNIT II AND III COMMUNITY ASSOCIATION, INC.							
Principal Place of Business 900 SW 62ND BLVD. GAINESVILLE, FL 32607			Mailing Address 900 SW 62ND BLVD. GAINESVILLE, FL 32607				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	04132006 Chg-NP CR2E037 (11/05)			
4. FEI Number 59-2785405				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POLLARD, FRANCES C 900 SW 62ND BLVD. #500 GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____							
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 P	NAME MERRILL, CLAUDE J		☒ Delete	TITLE P	NAME ADDISON, BETTY		☐ Change ☒ Addition
STREET ADDRESS 900 SW 62ND BLVD #G-38	CITY - ST - ZIP GAINESVILLE, FL 32607			STREET ADDRESS 900 SW 62nd Blvd #A-1	CITY - ST - ZIP GAINESVILLE, FL 32607		
TITLE D	NAME SYKES, ANNEMARIE		☒ Delete	TITLE D	NAME DAVIS, JONATHON		☐ Change ☒ Addition
STREET ADDRESS 5530 SW 8TH PL	CITY - ST - ZIP GAINESVILLE, FL 32607			STREET ADDRESS 819 SW 5TH TERR.	CITY - ST - ZIP GAINESVILLE, FL 32607		
TITLE D	NAME ANNESSE, JOHN		☒ Delete	TITLE S/T	NAME COX, CASEY		☐ Change ☒ Addition
STREET ADDRESS 5741 SW 10TH PL	CITY - ST - ZIP GAINESVILLE, FL 32607			STREET ADDRESS 900 SW 62nd Blvd #I-52	CITY - ST - ZIP GAINESVILLE, FL 32607		
TITLE V	NAME BRANDRIFF, BART		☐ Delete	TITLE 	NAME 		☐ Change ☐ Addition
STREET ADDRESS 934 SW 58TH TERRACE	CITY - ST - ZIP GAINESVILLE, FL 32607			STREET ADDRESS 	CITY - ST - ZIP 		
TITLE D	NAME WYLES, STEPHANIE		☒ Delete	TITLE D	NAME RUSSELL, DON		☐ Change ☒ Addition
STREET ADDRESS 941 SW 56TH TERRACE	CITY - ST - ZIP GAINESVILLE, FL 32607			STREET ADDRESS 922 SW 5TH TERR.	CITY - ST - ZIP GAINESVILLE, FL 32607		
TITLE D	NAME BUTLER, ROBERT		☒ Delete	TITLE D	NAME ASTENGO, HANK		☐ Change ☒ Addition
STREET ADDRESS 5709 SW 10TH PL	CITY - ST - ZIP GAINESVILLE, FL 32607			STREET ADDRESS 5715 SW 10th Pl.	CITY - ST - ZIP GAINESVILLE, FL 32607		
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: <u>Betty Addison</u> <u>5/1/06</u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							