

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N20251	
1. Entity Name THE ROOKERY COMMUNITY ASSOCIATION, INC.	
Principal Place of Business 6687 KESTREL CIRCLE FORT MYERS, FL 33912	Mailing Address 6687 KESTREL CIRCLE FORT MYERS, FL 33912



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0111378 ☐ Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORRESTER, JAMES H.
6687 KESTREL CIRCLE
FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1107000406889
02/07/06-80110-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRESTER, JAMES 6687 KESTREL CIR FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURKOWSKI, JOYCE 6614 KESTREL CIR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, GARY 6746 KESTREL CIRCLE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 239-939-1188
Date Daytime Phone #