

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20251

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE ROOKERY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6687 KESTREL CIRCLE
FT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

6687 KESTREL CIRCLE
FT MYERS, FL 33966

New Mailing Address:

FEI Number: 65-0111378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORRESTER, JAMES H.
6687 KESTREL CIRCLE
FT MYERS, FL 33966 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORRESTER, JAMES,
Address: 6687 KESTREL CIR
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: JURKOWSKI, JOYCE,
Address: 6614 KESTREL CIR
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: PALMER, GARY
Address: 6746 KESTREL CIRCLE
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES FORRESTER

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date