

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N28973

1. Entity Name

ROCKY PINES ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1901 LAKE TRAFFORD RD
IMMOFALEZ FL 34142
US**

Mailing Address

**9064 THE LANE
NAPLES FL 34109**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0127442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVENPORT, ROBERT E.
9064 THE LANE
NAPLES FL 34109**

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

Signature, print or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	DAVENPORT, ROBERT E.	
STREET ADDRESS	9064 THE LANE	
CITY- ST- ZIP	NAPLES FL 34109	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVENPORT, LYNETTE	
STREET ADDRESS	9064 THE LANE	
CITY- ST- ZIP	NAPLES FL 34109	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVENPORT, GREGORY	
STREET ADDRESS	613 CORBEL DR	
CITY- ST- ZIP	NAPLES FL 34110	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVENPORT, JEFF	
STREET ADDRESS	19404 IMMOKALEE N	
CITY- ST- ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		
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CITY- ST- ZIP		

U000000826502
02/21/08-80053-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert E Davenport

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2-21-08 657-4800