

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37408

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** ROCKRIDGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ROCKRIDGE  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 650323  
VERO BEACH, FL 329650323 US

**New Mailing Address:**

**FEI Number:** 59-2367798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARPENTER, JOE PHIL  
326 16TH STREET  
VERO BEACH, FL 32960 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: P  
Name: CARPENTER, PHIL  
Address: 326 16TH STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: T  
Name: FROHLICH, DEANNE  
Address: 1341 4TH COURT  
City-St-Zip: VERO BEACH, FL 32960

Title: VP  
Name: CONARD, JODI  
Address: 1580 5TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: S  
Name: HEAGY, COLLEEN  
Address: 1371 4TH COURT  
City-St-Zip: VERO BEACH, FL 32960

Title: D  
Name: RALPH, DON  
Address: 1530 4TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: D  
Name: GOLDSTEIN, IRENE  
Address: 1531 5TH CT  
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: DEANNE FROHLICH

T

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date