2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N38103

1. Entity Name
RASTRELLI'S ROOST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5505 SE AULT STUART, FL 34997	5505 SE AULT STUART, FL 34997

DO NOT WRITE IN THIS SPACE

04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0342849

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RASTRELLI, MARLENE
5505 SE AULT AVE
STUART, FL 34997

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000143295
04/30/04-80085-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RASTRELLI, ALFRED J.
STREET ADDRESS	5505 SE AULT
CITY-ST-ZIP	STUART, FL 34997
TITLE	VST
NAME	RASTRELLI, MARLENE
STREET ADDRESS	5505 SE AULT
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	RASTRELLI, MARLENE
STREET ADDRESS	5505 SE AULT
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	RASTRELLI, VERA
STREET ADDRESS	5055 SE AULT AVE.
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marlene Rastrelli 4/27/04 772 283-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #