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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39460 (3)
1. Corporation Name

ROCKFORD CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business: 7600 NOB HILL ROAD TAMARAC FL 33321-1829
Mailing Address: 7600 NOB HILL ROAD TAMARAC FL 33321-1829

3. Date Incorporated or Qualified: 08/10/1990
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21-24) and 4. FEI Number (4) NOT APPLICABLE. 5. Certificate of Status Desired (\$8.75 Additional Fee Required). 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees). 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Yes/No).

9. Name and Address of Current Registered Agent

WATSKY, MORRIS A.
700 N.W. 107TH AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include DP RIEFS, MARTIN, L.; DV SCHRAGER, MARLENE; DST PEDONE, SUE.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marlene Schrager* MARLENE SCHRAGER 1/3/97 (954) 724-4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036019

CR2E037 (9/96)