

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39678

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** ROCKLEDGE ACRE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

900 BLUEGRASS LANE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

916 BLUEGRASS LANE  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

920 BLUEGRASS LANE  
ROCKLEDGE, FL 32956

**New Mailing Address:**

916 BLUEGRASS LANE  
ROCKLEDGE, FL 32955 US

**FEI Number:** 65-0217777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTER, ELIZABETH  
895 BELMONT PL  
ROCKLEDGE, FL 32955 US

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

PLUM, ALLEN G  
925 DERBY LANE  
ROCKLEDGE, FL 32955 US

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: ALLEN G. PLUM

04/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PORTER, ELIZABETH  
Address: 895 BELMONT PL  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: CARROLL, EMMITT E  
Address: 920 BLUEGRASS LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete  
Name: MILLER, WILHELMINA B  
Address: 934 HIALEAH STREET  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: PLUM, ALLEN G  
Address: 925 DERBY LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: TREA (X) Change ( ) Addition  
Name: CHILES, REYNSOL  
Address: 916 BLUEGRASS LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: SECR (X) Change ( ) Addition  
Name: BERNARDO, OMER M  
Address: 953 GULFSTREAM COURT  
City-St-Zip: ROCKLEDGE, FL 32955 US

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: REYNSOL CHILES

TREA

04/03/2008

Electronic Signature of Signing Officer or Director

Date