


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N46339


1. Entity Name
ROCKERMAN WATERWAYS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

3594 ROCKERMAN ROAD 2200 SOUTH DIXIE HWY., STE 702-B
 MIAMI, FL 33133 US MIAMI, FL 33133 US

DO NOT WRITE IN THIS SPACE



D2042005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0302354 Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, THOMAS
 3594 ROCKERMAN ROAD
 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEAD, STANLEY B
STREET ADDRESS	3590 ROCKERMAN ROAD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	POTTER, MARLENE
STREET ADDRESS	3592 ROCKERMAN RD.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	LEWIS, THOMAS E
STREET ADDRESS	3594 ROCKERMAN ROAD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000252573
 03/05/05-80035-003 61.25

DO NOT WRITE IN THIS SPACE

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:  **Jerry D. Jeter** 2/4/05 305-256-6908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #