

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002034

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE GEMS OF ROCKLEDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1978 ROCKLEDGE BLVD STE 106
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

5260 WATERMILL LANE
302
TITUSVILLE, FL 32780 US

Current Mailing Address:

1978 ROCKLEDGE BLVD STE 106
ROCKLEDGE, FL 32955 US

New Mailing Address:

5260 WATERMILL LANE
302
TITUSVILLE, FL 32780 US

FEI Number: 59-3189480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MGMT
1978 ROCKLEDGE BLVD STE 106
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

TCB PROPERTY MANAGEMENT LLC
5260 WATERMILL LANE
302
TITUSVILLE, FL 32780 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: SHARON LOCKAMY MGRM

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAR-NAVON, HAIM
Address: 1308 GEMS CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD () Delete
Name: UNDERWOOD, TARA
Address: 1305 GEM CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: TOMKOSKI, HELEN
Address: 1301 GEM CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: HOFFMAN, ROBERT
Address: 1358 GEM CIR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROBINSON, KATHERINE
Address: 1316 GEM CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD (X) Change () Addition
Name: TOMKOSKI, HELEN
Address: 1301 GEM CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HAIM BAR-NAVON

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date