

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000004219

1. Entity Name
PATCH O' BLUE HOMEOWNERS'S ASSOC., INC.



FILED
Apr 15, 2004 08:00 AM
Secretary of State

Principal Place of Business
23000 NE 85 AVE RD
CITRA, FL 32113

Mailing Address
23000 NE 85 AVE RD
CITRA, FL 32113 US



04042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3319254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COCKES, JON A
23000 NE 85 AVE. RD
CITRA, FL 32113

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | HITCHCOCK, ROBERT N. |
| STREET ADDRESS | 8100 NE 232ND PLACE |
| CITY-ST-ZIP | CITRA, FL 32113 |
| TITLE | D |
| NAME | COCKES, JON |
| STREET ADDRESS | 23000 NE 85 AVE RD. |
| CITY-ST-ZIP | CITRA, FL 32113 |
| TITLE | D |
| NAME | GLEASON, GEORGE E |
| STREET ADDRESS | 8301 N.E. HIGHWAY 318 |
| CITY-ST-ZIP | CITRA, FL 32113 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000114659
04/15/04-80059-015 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:

Jon A. Cockes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon A. Cockes 4/12/04

Date

352-546-2747

Daytime Phone #