

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004219

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



Principal Place of Business

**23000 NE 85 AVE RD
CITRA, FL 32113**

Mailing Address

**23000 NE 85 AVE RD
CITRA, FL 32113 US**



02282006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3319254

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees 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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**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	

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04/19/06-80024-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Cockes **Jon Cockes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/6
Date

Daytime Phone #