

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**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**



04092007 No Chg-NP

CR2E037 (4/06)

**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 \$81.25  
Due by May 1, 2007**

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	

U000000698486  
04/19/07-80004-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/07**  
Date

**352 546 2747**  
Daytime Phone #