

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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



04172008 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

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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 reissuing)

000000915160

05/08/08-80005-004 61.25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HITCHCOCK, ROBERT N.
8100 NE 232ND PLACE
CITRA, FL 32113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COCKES, JON
23000 NE 85 AVE RD.
CITRA, FL 32113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLEASON, GEORGE E
8301 N.E. HIGHWAY 318
CITRA, FL 32113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

J. Cokes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 352 546 2747

Date Daytime Phone #