



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90089 047 ****61.25

DOCUMENT # N93000004811					
1. Entity Name ROCKLEDGE PARK RACQUET ASSOCIATION, INC.					
Principal Place of Business N COGSWELL ST ROCKLEDGE, FL 32955 US			Mailing Address P.O. BOX 560703 ROCKLEDGE, FL 32956-0703		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3210920				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PINDER, ELIZABETH 2976 MONDAVIE DRIVE VIERA, FL 32955			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME MARTELL, LARRY STREET ADDRESS 2185 WINDSOR DRIVE CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE P NAME BUD RADEMACHER STREET ADDRESS 188 Murrell Rd CITY-ST-ZIP Rockledge FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MARTELL, MEDA STREET ADDRESS 2185 WINDSOR DRIVE CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE VP NAME BARBARA WESSNER STREET ADDRESS 1193 Honey bee Lane CITY-ST-ZIP Melb. FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME STAMM, TRISH STREET ADDRESS 1964 FABIEN CIRCLE CITY-ST-ZIP VIERA, FL 32940	<input type="checkbox"/> Delete		TITLE S NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LOPEZ, PATRICIA M STREET ADDRESS 4210 ABERDEEN CIRCLE CITY-ST-ZIP VIERA, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE T NAME MICHELLE L. HURLEY STREET ADDRESS 1046 JACARANDA Circle CITY-ST-ZIP Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Michelle L. Hurley</i>			Date: 4/18/07 Daytime Phone #: 321-543-8602		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					