

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000002962

1. Entity Name  
ROCKDALE CIVIC ASSOCIATION, INC.



Principal Place of Business  
9400 SW 146TH ST  
MIAMI, FL 33176 US

Mailing Address  
9260 SW 147TH STREET  
MIAMI, FL 33176



04292004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2500951

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FACCIOLA, JOSEPH  
9400 SW 146TH ST  
MIAMI, FL 33176

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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 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

000000152964  
05/04/04-80107-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MARTINEZ, JENNIFER
STREET ADDRESS	14451 S.W. 94 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	AP
NAME	FACCIOLA, JOSEPH
STREET ADDRESS	14405 S.W. 92ND COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	T
NAME	SHEPPARD, JEAN
STREET ADDRESS	9260 S.W. 147 STREEET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	LEVITAN, LAURIE
STREET ADDRESS	1441 S.W. 94 AVENUE
CITY-ST-ZIP	MIAMI, FL 33176
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 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:

*Jean E. Sheppard* Treasurer