


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002962		
1. Entity Name ROCKDALE CIVIC ASSOCIATION, INC.		
Principal Place of Business 9265 SW 149 ST MIAMI, FL 33176 US	Mailing Address 9265 SW 149 ST MIAMI, FL 33176 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOWLER, JEAN 9265 SW 149 ST MIAMI, FL 33176		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, JEAN 9265 SW 149 ST MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPPARD, JEAN E 9260 S.W. 147 ST MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINLE, MARY ANISE 94612 SW 148 ST MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVITAN, LAURIE 1441 S.W. 94 AVENUE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VICARO, AVRORA 9201 SW 148 ST MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEIDLER, L. 14400 SW 96TH AVE MIAMI, FL 33176	
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: <u>Jean Fowler</u> <u>JEAN FOWLER</u> <u>4-21-06</u> <u>305 254-3482</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2500951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/09/06-80046-022 61.25

**DO NOT WRITE
IN THIS SPACE**