FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

(561) 997-6666

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000016341 (5)

ROCKLEDGE PROPERTY MANAGEMENT, INC.

| Principal Place | e of Business | Mailing Address | | | | 4 1801BB1 118 ifteid firit guter Boter gater buidt inten derne ceste bemet ann imm. |
|---------------------|---|---|----------------------------|---------------|--|---|
| 2500 N MILITAS | RY TRAIL | 2500 N MILITARY TRAIL | SUITE 200 | | | |
| SUITE 200 | | | | | | |
| BOCA RATON FL 33431 | | BOCA RATON FL 33431 | BOCA RATON FL 39431-6386 | | | 3. Date Incorporated or Qualified 3a. Date of Last Report |
| | | | | | | 02/16/1996 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4, FEi Number Applied For |
| 21 | | 26 | | | | 65-0674295 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Cou | intry | | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | | Florida Statutes 🔲 Yes 🔯 No |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Registered Agent |
| FRIC | CKE, HENRY A | | | 81 | Name | |
| | O N MILITARY TRAIL | | | 82 | Stroot | Address (P.O. Box Number is Not Acceptable) |
| | TE 200 | | | 02 | SHEEL | Address (F.O. box Nulliber is Not Acceptable) |
| | CA RATON FL 33431 | | | 83 | · · · | |
| 600 | JA RATON FL 33431 | | | | | |
| | | | | 64 | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Stat | utes, the a | DOVE | e-named | corporation submits this statement for the purpose of changing its registered |
| office or r | egistered agent, or both, in the Stat im familiar with, and accept the oblig | e of Florida. Such change was nations of Section 607.0505. I | s authorize Florida Sta | o by tutes | / the corp 3. | poration's board of directors. I hereby accept the appointment as registered |
| _ | in farmar that, and doods the oon, | g | | | | |
| SIGNATURE | Signature, typed or printed name of registered as | gent and title if applicable. (N | OTE: Registere | d Age | ent signature | e required when reinstating) DATE |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | | DELETE | 1.1 T | TLE | | PRESIDENT Change X Addition |
| NAME | DUOLIDOR - MINONE | U.T.E.T | 1,2 N | AME | | THOMAS J. PALUMBO, SR. |
| STREET ADDRESS | OF OO WIT TO LOW MONT | T ISL | 1.3 S | TREET | ADDRESS | 529 TURTLE CIRCLE |
| CITY-ST-Z#P | DOCL DAMON TO | 7 21-22-22-29-2 | 140 | HY-S | ST - 24P | SATELLITE BEACH, FL 32937 |
| TITLE | | DELETE | 2.1 T | ., | | VICE PRESIDENT LI Change X Addition |
| NAME | | — | | AME | | ANTHONY V. PUGLIESE, III |
| | | | 1 | | ADDRESS | |
| STREET ADDRESS | | | I | | | 2500 MILITARY TRAIL SUITE 200 |
| CITY-ST-ZIP | | DELETE | 3.1 T | | ST-ZIP | BOCA RATON, FL 33431 |
| TITLE | | L. DECERE | | | | |
| NAME | | | 3.2 N | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | | ST-ZIP | . Change Addition |
| TITLE | | ☐ DELETE | 4.13 | | | : Crange C vocation |
| NAME | | | 4. 2 | NAME | | ' |
| STREET ADDRESS | | | 4.3 \$ | TAEET | r address | \$ · |
| CITY-SI-ZIP | | | 4.4 0 | HY-S | ST-ZIP | |
| TITLE | | ☐ DELETE | 5.11 | ITLE | | Change Addition |
| NAME | | | 5.21 | IAME | | |
| STREET ADDRESS | | | 5.3 5 | TREE | T ADDRESS | |
| CITY-ST-ZIP | | | 5.4 (| OTY-5 | ST-ZIP | |
| TITLE | | DELETE | | ITLE | | Change Addition |
| NAME | i | | | IAME | | , |
| STREET ADDRESS | | | | | T ADORESS | ; |

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manning of or an attachment with an address.