

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000016341

1. Entity Name
ROCKLEDGE PROPERTY MANAGEMENT, INC.



Principal Place of Business
101 PINEAPPLE GROVE WAY
DELRAY BEACH, FL 33444

Mailing Address
101 PINEAPPLE GROVE WAY
DELRAY BEACH, FL 33444



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0674295

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRICKE, HENRY A
101 PINEAPPLE GROVE WAY
DELRAY BEACH, FL 33444

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000118181
04/19/04-80050-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PALUMBO, THOMAS J SR
STREET ADDRESS 664 S. PATRICK DR
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE VD
NAME PUGLIESE, ANTHONY V 111
STREET ADDRESS 101 PINEAPPLE GROVE WAY
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony V. Pugliese, III 3-15-04 561-330-7000

Date

Daytime Phone #