

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717926

**Entity Name:** COCOA-ROCKLEDGE GARDEN CLUB, INC.

**Current Principal Place of Business:**

1493 S FISKE BLVD.  
ROCKLEDGE, FL 32956-0111

**Current Mailing Address:**

P.O. BOX 560111  
ROCKLEDGE, FL 32956

**FEI Number:** 59-1056201

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRYAN, MAUREEN  
1493 S FISKE BLVD.  
ROCKLEDGE, FL 32956-0111 US

*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.*

**SIGNATURE:** MAUREEN BRYAN

01/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name SHIRL, PHILLIPS  
Address P.O. BOX 560111  
City-State-Zip: ROCKLEDGE FL 32956

Title 1VPD  
Name BROWN, PHYLLIS  
Address P.O. BOX 560111  
City-State-Zip: ROCKLEDGE FL 32956

Title 2VP  
Name SZUCHY, EILEEN  
Address P.O. BOX 560111  
City-State-Zip: ROCKLEDGE FL 32956

Title SECRETARY, RECORDING  
Name PUNCKE, ROSE  
Address P.O. BOX 560111  
City-State-Zip: ROCKLEDGE FL 32956

Title TREASURER  
Name BRYAN, MAUREEN  
Address P.O. BOX 560111  
City-State-Zip: ROCKLEDGE FL 32956

Title CS  
Name BENNITT, SUZANNE  
Address P.O. BOX 560111  
City-State-Zip: ROCKLEDGE FL 32956

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAUREEN BRYAN

**TREASURER**

01/13/2018

Electronic Signature of Signing Officer/Director Detail

Date