| 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: CYNTHIA CLOPTON

Electronic Signature of Signing Officer/Director Detail

Office w/Dimension Detail

| Officer/Director Detail : |                                   |                            |                                             |  |
|---------------------------|-----------------------------------|----------------------------|---------------------------------------------|--|
| Title                     | PD                                | Title                      | TD                                          |  |
| Name                      | CASEY, KATHLEEN                   | Name                       | DUNBAR, HENRY                               |  |
| Address                   | 1358 ROCK DOVE CT #5              | Address                    | 2235 LAZY RIVER DR                          |  |
| City-State-Zip:           | PUNTA GORDA FL 33950              | City-State-Zip:            | CHARLESTON SC 29414                         |  |
| Title                     | SD                                | Title                      | VPD                                         |  |
| Name                      | CLOPTON, CYNTHIA                  | Name                       | KULLEN, MICHAEL                             |  |
| Address                   | 1359 ROCK DOVE COURT<br>#1        | Address<br>City-State-Zip: | 308 NORTH STREET<br>NORTH WEYMOUTH MA 02191 |  |
| City-State-Zip:           | PUNTA GORDA FL 33950              |                            |                                             |  |
| Title                     | D                                 |                            |                                             |  |
| Name                      | WILSON, COLLEEN                   |                            |                                             |  |
| Address                   | 3120 HUNTINGTON WOODS DRIVE<br>#H |                            |                                             |  |
| City-State-Zip:           | SPRINGFIELD IL 62704              |                            |                                             |  |

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: DOROTHY M. BENNETT

BENNETT, DOROTHY 2421 SHREVE STREET SUITE 115 PUNTA GORDA, FL 33950 US

## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 752386**

Entity Name: ROCKDOVE CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:**

1359 ROCK DOVE COURT PUNTA GORDA, FL 33950

### **Current Mailing Address:**

C/O 2421 SHREVE STREET SUITE 115 PUNTA GORDA, FL 33950 US

#### FEI Number: 59-2099095

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SECRETARY

Certificate of Status Desired: No

03/28/2014 Date

FILED Mar 28, 2014 Secretary of State CC0728916631

> 03/28/2014 Date