

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morgan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -2 PH 3:43

DOCUMENT # **723683** (9)

1. Corporation Name  
**ROSDALE WATER ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
C/O TAMMIE L. CARROLL RT 1, BOX 497 CHATTAHOOCHEE FL 32324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1972** 3a. Date of Last Report **02/02/1994**  
4. FEI Number **59-2873128** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 *Furnace Home Administrator* 25  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 *425 East Century ave. Room 312* 27  
City & State City & State  
23 *Blainston Fla* 28  
Zip Country Zip Country  
24 *32424* 25 *Calhoun* 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LINES, BLUCHER B  
121 N. MADISON STREET  
QUINCY FL 32351**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARROLL, TOMMY L RT. 1 BOX 497 CHATTAHOOCHEE FL 32324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAWKINS, NORRIS 303 AFRICA ST CHATTAHOOCHEE FL 32324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WHITE, ALMA L P.O. BOX 654 N/A CHATTAHOOCHEE FL 32324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, EDGAR P.O. BOX 993 N/A CHATTAHOOCHEE FL 32324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACKSON, JIMMY RT. 1 BOX 1320 CHATTAHOOCHEE FL 32324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACKSON, LULEN RT. 1 BOX 1310 CHATTAHOOCHEE FL 32324 <i>Resign</i></b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>P. Carroll Tommy L RT. 1 Box 497 Chattahoochee FL (Same)</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Dawkins Norris 303 Africa St Chattahoochee 32324 (Same)</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S Alma L. White P.O. Box 113 NA Chattahoochee Fla.</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Williams Edgar P.O. Box 993 Chattahoochee FL</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Jackson Jimmie RT. 1 Box 1320 Chattahoochee FL 32324</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Lulen Williams P.O. Box 602 NA Chattahoochee FL 32324</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alma L. White DATE: 2-4-95 SYSTEM PREFIX: 904-663-4715