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May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 723683 (9)  
1. Corporation Name  
ROSEDALE WATER ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O TOMMIE L. CARROLL  
425 E CENTURY AVE RM 312  
BLOUNTSTOWN FL 32424  
US  
C/O TAMMIE L. CARROLL  
RT 1. BOX 497  
CHATTAHOOCHEE FL 32324-9745

3. Date Incorporated or Qualified 06/15/1972  
3a. Date of Last Report 09/25/1996

2. Principal Place of Business 2a. Mailing Address  
21 *Tommie Lane* 26 *P.O. Drawer 429*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 *Rt 1* 27  
City & State City & State  
23 *Blountstown Fl.* 28  
Zip Country Zip Country  
24 *32424* 25 *Blountstown* 29 *32324* 30

4. FEI Number 59-2873128 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Alma L. Howard Secretary*  
Signature of, or printed name of, registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARROLL, TOMMY L	
STREET ADDRESS	RT. 1 BOX 497	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	<i>President</i>
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAWKINS, NORRIS	
STREET ADDRESS	603 AFRICA ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	<i>Board of Director</i>
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOWARD, ALMA	
STREET ADDRESS	P.O. BOX 113 N/A	
CITY-ST-ZIP	CHATTAHOOCHEE FL	<i>Secretary</i>
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, EDGAR	
STREET ADDRESS	P.O. BOX 993 N/A	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	<i>Board of Director</i>
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, JIMMY	
STREET ADDRESS	RT. 1 BOX 1320	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	<i>Board of Director</i>
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MABLE	
STREET ADDRESS	PO BOX 602 N/A	
CITY-ST-ZIP	CHATTAHOOCHEE FL	<i>Board of Director</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED *Alma L. Howard* #28-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 663-4715

CR2E037 (9/96)