FILE NOW: FILING FEE IS \$61.25 FILED NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Jul 15 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State **DINSION OF CORPORATIONS** 1997 Secretary of State DOCUMENT # Rosedale Water Association, 600002239156 -07/16/97--01024--021 Principal Place of Business Rose dale Water ASS ***61.75 Hardaway How 268 Rosedal Rt 180x 521 attahoochee,Fl 3. Date Incorporated or Qualified 3a. Date of Last Report 32324 2a. Mailing Address Hardaway Hyw 26 ROSedale Rf | Box 521 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 Chattahoochee 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Gadsd 20 32324 Yes No Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 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. ewis-Fresident Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE **C**hange Hardaway Hyw 268 Rosedale R+1 Bax 52 1.2 NAME NNie Hi 1.3 STREET ADDRESS hattahopchee, F1 32324 1.4 CHTY - ST - ZIP

12. TIFLE STREET ADDRESS CITY - \$1 - ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME + 1 BOX 556 2 3 STREET ADDRESS STREET ADDRESS hattahoocher, Fl 32324 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE TITLE Alma Howard 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 32324 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE NIARTIBOX 14 Greensborn Hwy 4. 2 NAME NAME 4.3 STRELT ADDRESS STREET ADDRESS nattahoochee, F132324 4.4 CITY-ST-ZIP CHTY-ST-ZIP DELCTE 5.1 TITLE TATLE NAME 5.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 32324 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 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

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City & State