

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90034 046 ****61.25

DOCUMENT # 723683

1. Entity Name
ROSEDALE WATER ASSOCIATION, INC.

Principal Place of Business Mailing Address
HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521 **HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521**
CHATTAHOOCHEE FL 32324 **CHATTAHOOCHEE FL 32324-9703**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2873128		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LEWIS, ROBERT HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521 CHATTAHOOCHEE FL 32324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. 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: *Robert Lewis* DATE: *02/07/00*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETHRIDGE, JAMES E		NAME		
STREET ADDRESS	RT 1 BOX 556		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAWKINS, NORRIS		NAME		
STREET ADDRESS	303 AFRICA ST		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWARD, ALMA		NAME		
STREET ADDRESS	RT. 1 BONNIE HILL		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, EDGAR		NAME		
STREET ADDRESS	RT. 1 HWY. 269 A		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, JIMMY		NAME		
STREET ADDRESS	RT. 1 BOX 14 GREENSBORO HWY.		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, MABLE		NAME		
STREET ADDRESS	RT. 1 BONNIE HILL GREENSBORO HWY.		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL		CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Lewis* DATE: *02/07/00* DAYTIME PHONE #: *(850) 663-4373*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)