

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90176 023 ****61.25

DOCUMENT # 767645

1. Entity Name

ROSE HOLLOW HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**1405 STURBRIDGE PL.
TALLAHASSEE FL 32308**

Mailing Address

**1405 STURBRIDGE PL.
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2667497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHISON, DOTTIE
1405 STURBRIDGE PL.
TALLAHASSEE FL 32308**

*Please correct
spelling*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	RICE, NANCY	
STREET ADDRESS	3117 BROCKTON WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUTCHISON, DOTTIE	
STREET ADDRESS	1405 STURBRIDGE PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, PAT	
STREET ADDRESS	3107 BROCKTON WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, GINNY	
STREET ADDRESS	1800 ATLANTIS PL	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HAYES, ANNETTE	
STREET ADDRESS	3170 BROCKTON WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITFIELD, JANIE	
STREET ADDRESS	3124 BROCKTON WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BURKE	
STREET ADDRESS	3101 BROCKTON WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL KIRKLAND	
STREET ADDRESS	3164 BROCKTON WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Dottie Hutchison* **SECRETARY** *5/11/2003 386-6428*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)