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CORPORATION ANNUAL REPORT

1995

FILED

95 MAY -1 PM 1:14

DOCUMENT # N22598 (9)

ROSEHILL PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
312 BUTCO CT TALLAHASSEE FL 32312 US	312 BUTCO CT TALLAHASSEE FL 32312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1987
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-2960706 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1625 Metropolitan	26 1625 Metropolitan
22 Suite, Apt #, etc. Circle	27 Suite, Apt #, etc. Circle
23 City & State: Tallahassee FL	28 City & State: Tallahassee FL
24 Zip: 32308 — 25 Country: Leon	29 Zip: 32308 — 30 Country: Leon

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

CRABTREE, ROBERT C.
111 N. CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: R. E. LeMon
82 Street Address (P.O. Box Number is Not Acceptable): 312 Buteo Court
83 Tallahassee
84 City: FL 85 Zip Code: 323[illegible]

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: Richard E. LeMon [signature] 5-1-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPROWLS, ALAN
STREET ADDRESS	981 ILEX WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	HUMPHREY, STACIE
STREET ADDRESS	313 OAKS WILL COURT
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD
NAME	CRABTREE, ROBERT C. — Delete
STREET ADDRESS	181 ROSEHILL DRIVE WEST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	S
NAME	LEMON, R.E.
STREET ADDRESS	312 BUTEO COURT
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PD
NAME	LABASKY, RON — Delete
STREET ADDRESS	997 ILEX WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	FIXEL, JOE W. — Delete
STREET ADDRESS	251 ROSEHILL DRIVE NORTH
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	☐ Change ☒ Addition
3.2 NAME	Donald L. Tucker	
3.3 STREET ADDRESS	262 Rosehill Dr. N.	
3.4 CITY-ST-ZIP	Tallahassee, FL 3231[illegible]	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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] 5-1-95 488-7702

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

0027647