

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90015 004 ****61.25

0008162

DOCUMENT # N22598

1. Corporation Name

ROSEHILL PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1625 METROPOLITAN CIRCLE
TALLAHASSEE FL 32308
US

Mailing Address

1625 METROPOLOTAN CIRCLE
TALLAHASSEE FL 32308
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/21/1987

4. FEI Number

59-2960706

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

9. Name and Address of Current Registered Agent

LERNON, R.E.
312 BUTEO COURT
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
ROBERTSON, GLENN
STREET ADDRESS **307 ROSEHILL DRIVE EAST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE

NAME **D**
QUADAGNO, DAVID
STREET ADDRESS **250 ROSEHILL DRIVE E**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE

NAME **D**
MCNAIR, GAIL
STREET ADDRESS **260 ROSEHILL DRIVE N**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☒ DELETE

NAME **S**
LEMON, R.E.
STREET ADDRESS **312 BUTEO COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **T**
ARLETA S. KERR
STREET ADDRESS **1625 METROPOLITAN CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

KIM MEROS

200 Rosehill Dr. East

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

NOEL SCIDMORE

292 Rosehill Dr. East

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

S

MARYLEE ROBERTSON

307 Rosehill Dr. East

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Glenn Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

893-2053

Daytime Phone #

CR2E037 (11/98)