2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90184 031 ****61.25

DOCUMENT # N22598

1. Entity Name
ROSEHILL PROPERTY OWNERS' ASSOCIATION, INC.

14020370

Principal Place of Business	Mailing Address
1625 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 US	1625 METROPOLOTAN CIRCLE TALLAHASSEE, FL 32308 US

01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2960706
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~TAYLOR, DREAMA~~
STREET ADDRESS	~~214 ROSEHILL LANE~~
CITY-ST-ZIP	~~TALLAHASSEE, FL 32~~312
TITLE	T
NAME	ARLETA S. KERR
STREET ADDRESS	1625 METROPOLITAN CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PD
NAME	FURLOUGH, ROBERT
STREET ADDRESS	228 ROSEHILL LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Arleta S. Kerr 4.31.04 850-385-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #