

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22598

FILED
Jan 16, 2009
Secretary of State

Entity Name: ROSEHILL PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2960706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, SHARON C
1625 METROPOLITAN CIR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RICHARDSON, SHARON C
Address: 1625 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: HARRELL, MICHAEL
Address: 319 ROSEHILL DR E
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: HARRELL, MALLORY
Address: 319 ROSEHILL DR E
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: GADDY, BARBARA
Address: 291 ROSEHILL DR E
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON C. RICHARDSON

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date