

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Akersham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000213 (0)**

1. Corporation Name

ROSEDALE MASTER HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3603 CLARK RD
SARASOTA FL 34233
US

PO BOX 19465
SARASOTA FL 34276
US

3. Date incorporated or Qualified

11/04/1992

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0400686

Applied For

Not Applicable

2. Principal Place of Business

26. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGAN, PATRICK
3603 CLARK RD
SARASOTA FL 34233

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature of Registered Agent or Registered Agent for the Corporation)

(Signature of Registered Agent or Registered Agent for the Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS, IF APPLICABLE

TITLE: D
NAME: EMIGH, GARY
STREET ADDRESS: 3603 CLARK RD
CITY, ST, ZIP: SARASOTA FL

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY, ST, ZIP:

TITLE: D
NAME: HOGAN, PATRICK
STREET ADDRESS: 3603 CLARK RD
CITY, ST, ZIP: SARASOTA FL

15 TITLE: Change Addition
16 NAME:
17 STREET ADDRESS:
18 CITY, ST, ZIP:

TITLE: D
NAME: ROSS, RICHARD E
STREET ADDRESS: 3603 CLARK RD
CITY, ST, ZIP: SARASOTA FL

19 TITLE: Change Addition
20 NAME: Curtin, Michael R. Michael
21 STREET ADDRESS:
22 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

23 TITLE: Change Addition
24 NAME:
25 STREET ADDRESS:
26 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

27 TITLE: Change Addition
28 NAME:
29 STREET ADDRESS:
30 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 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 199.02(3)(b), 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 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Gary Emigh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95
DATE

813-927-2707
TELEPHONE NUMBER