

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # N92000000213 (0)**

1. Corporation Name

**ROSEDALE MASTER HOMEOWNERS' ASSOCIATION, INC.**



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  
**05/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0400686**

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**

8. This corporation has liability for intangible tax under s. 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 **Patrick Hogan**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5100 87th Street East**

83

84 City **Bradenton**

**FL**

85 **34202**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMIGH, GARY</b>	1.2 NAME	<b>Emigh, Gary</b>
STREET ADDRESS	<b>3603 CLARK RD</b>	1.3 STREET ADDRESS	<b>5100 87th Street East</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D PLS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGAN, PATRICK</b>	2.2 NAME	<b>Hogan, Patrick</b>
STREET ADDRESS	<b>3603 CLARK RD</b>	2.3 STREET ADDRESS	<b>5100 87th Street East</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CURTIN, MICHAEL R</b>	3.2 NAME	<b>DiSapio, Michael</b>
STREET ADDRESS	<b>3603 CLARK RD</b>	3.3 STREET ADDRESS	<b>5100 87th Street East</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/96*

Date

*941-758-2424*

Daytime Phone #

CR2E037 (12/95)