FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Bradenton, FL

2. Principal Place of Business

SIGNATURE:

19200000013

Rosedale Master Homeowners' Association, Inc.

26

Principal Place of Business
5100 87th Street East

Mailing Address

2a. Mailing Address

et East 34202 5100 87th Street East Bradenton, FL 34202

FILED
May 06 1998 8:00am
Secretary of State

Applied For Not Applicable

\$8.75 Additional

Fee Required

Davlime Phone #

3. Date Incorporated or Qualified

5. Certificate of Status Desired

11/4/1992 FEI Number 65-0400686

| Suite, | Apt. #, etc. | | Suite | Suite, Apt. #, etc. | | | | Election Campaign Financing \$5.00 May Be | | |
|---|-------------------------------------|----------------|----------|---------------------|--------------------|---|-------------------------|---|--|--|
| 22 | | 27 | | | | • | Trust Fund Contribution | | | |
| City & State | | | — | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | |
| 23 | | | | | | | | ∠ Yes ☐ No | | |
| _ ` | Zip Country | | | Zip Cou | | | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 25 29 3 | | | | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| 9. Name and Address of Current Registered Agent | | | | | | | 81 Name | | | |
| | | | | | | | | | | |
| Hogan, Patrick | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 5100 87th Street East | | | | | | 63 | | | | |
| Bradenton, FL 34202 | | | | | | | | | | |
| | | | | | | 84 City FL 85 Zip Code | | | | |
| 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. | IDV | | | DELETE | 1.1 TITLE | | <u> </u> | ☐ Change ☐ Addition | | |
| NAME | - • | Emigh, Gary | | | | 1.2 NAME | | | | |
| | TREET ADDRESS 5100 87th Street East | | | | | 1.3 STREET ADDRESS | | | | |
| | CITY-ST-ZIP Bradenton, FL 34202 | | | | | 1.4 CiTY-ST-ZIP | | | | |
| TITLE | | DPS DELETE | | | | 2.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | 1 | Hogan, Patrick | | | | | | | | |
| | REET ADDRESS 5100 87th Street East | | | | | 2.3 STREET ADDRESS | | | | |
| CITY - ST - ZI | 1 | | | | | 2. 4 CITY - ST - ZIP | | | | |
| TITLE | D | D DELETE | | | | 3.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | DiSapio, Michael | | | | | 3.2 NAME | | | | |
| STREET ADD | | | | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZI | | | | | | Y-\$1 | - ZIP | | | |
| TITLE | | | | | 4.1 TITLE | | | ☐ Change ☐ Addition | | |
| NAME | AE | | | | 4. 2 NAME | | | | | |
| STREET ADD | EET ADDRESS | | | | 4.3 STREET ADDRESS | | DDRESS | | | |
| CITY-ST-ZI | | | | | 4.4 CITY | | - ZIP | | | |
| TITLE | | | | DELETE | 5.1 TITLI | | | ☐ Change ☐ Addition | | |
| NAME | | | | | | 5.2 NAME | | | | |
| STREET ADD | | | | | 5.3 STRE | | | | | |
| CITY-ST-ZI | - | | | C Dr. etc | 5.4 CITY | | - ZIP | Obocco | | |
| TITLE | | | | ☐ DELETE | 6.1 TITLE | | | | | |
| NAME | | | | | 6.2 NAME | | | 100002513951 V -05/06/9801105005 | | |
| STREET ADD | | | | | 6 3 STREET ADDRESS | | | ***61.25 | | |
| CITY-ST-ZII | | | | | | 940/11 8/ 2/ | | | | |
| 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 suppliemental 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. | | | | | | | | | | |

FICER OR DIRECTOR