


**2004 ~~NOT~~ FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N92000000213 1. Entity Name ROSEDALE MASTER HOMEOWNERS' ASSOCIATION, INC.	
--	---

Principal Place of Business 5100 87TH STREET E. BRADENTON, FL 34202 US	Mailing Address 5100 87TH STREET E. BRADENTON, FL 34202 US
--	--

DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0400686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, PATRICK  
 5100 87TH STREET EAST  
 BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY - ST - ZIP	DV EMIGH, GARY 5100 87TH STREET E. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFPS HOGAN, PATRICIK 5100 87TH STREET E. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, CURTIS 5100 87TH STREET E. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

1100000025265  
 02/02/04-80099-006 61.25

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: Gary Emigh Gary Emigh 1/27/04 (941) 758-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #