FILED May 22, 2000 8:00 am Secretary of State

04-20-2000 90014 045 ****61.25

DOCUMENT # N97000005367 1. Entity Name

ROSEDALE 11 HOMEOWNERS' ASSOCIATION, INC.

5100 87TH ST E **BRADENTON FL 34202**

Zìp

Principal Place of Business

Mailing Address 5100 87TH ST E

BRADENTON FL 34202-3706

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State					
				Zio	Country	Zip	Country

00 NOT WRITE IN THIS SPACE

APPLIED FOR Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOGAN, PATRICK 5100 87TH ST E **BRADENTON FL 34202** City Zip Code

(NOTE: Registered Agent signature required when reinstating)

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.

Signature, typed or printed name of registered agent and title if applicable

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. Change Addition TITLE ☐ Delete TITLE NAME NAME EMIGH, GARY STREET ADDRESS STREET ADDRESS 5100 87TH STREET EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Change Addition BILE ☐ Delete TITLE NAME NAME HOGAN, PATRICK STREET ADDRESS STREET ADDRESS 5100 87TH STREET EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Addition Change
 Ch Delete TITLE TITLE D DISAPIO, MICHAEL NAME Jordan, Curtis STREET ADDRESS STREET ADDRESS 5100 87TH ST E 5100 87th St. E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Bradenton, Fl. 34202 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-7IP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 e

SIGNATURE:

REQUIRED

3-31-2000 (941) 758-242