## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000213

Entity Name: ROSEDALE MASTER HOMEOWNERS' ASSOCIATION, INC.

**FILED** Mar 21, 2022 **Secretary of State** 3200664676CC

## **Current Principal Place of Business:**

7300 PARK STREET SEMINOLE, FL 33777

## **Current Mailing Address:**

7300 PARK STREET SEMINOLE, FL 33777 US

FEI Number: 65-0400686 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIATION ASSESSMENT ATTORNEYS, P.A. 111 2ND AVENUE NE #539

ST. PETERSBURG, FL 33701 US

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: ROBERT L. TODD, ESQ. 03/21/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title **PRESIDENT** 

Name ALLEN. KEVIN Name INGRAFFIA. PETER Address 7300 PARK STREET Address 7300 PARK STREET City-State-Zip: SEMINOLE FL 33777 City-State-Zip: SEMINOLE FL 33777

Title **TREASURER** Title

EISENBEIS, ROBERT Name Name LAMY, JAMES

Address 2025 LAKEWOOD RANCH BLVD Address 7300 PARK STREET

SUITE 203 SEMINOLE FL 33777

City-State-Zip: City-State-Zip: **BRADENTON FL 34211** 

Title DIRECTOR Title DIRECTOR Name BOOTH, FRED Name MAZER, ED

Address 2025 LAKEWOOD RANCH BLVD Address 7300 PARK STREET

SUITE 203 City-State-Zip: SEMINOLE FL 33777

City-State-Zip: **BRADENTONR FL 34211** 

Title **DIRECTOR** 

Name SEYMOUR, SIGRID 7300 PARK STREET Address City-State-Zip: SEMINOLE FL 33777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/21/2022 SIGNATURE: PETER INGRAFFIA **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

Date