

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90198 047 \*\*\*\*62.00

**DOCUMENT # 723683**

1. Entity Name  
**ROSEDALE WATER ASSOCIATION, INC.**



Principal Place of Business  
**C/O ROBERT LEWIS  
PO BOX 811  
CHATTAHOOCHEE, FL 32324 US**

Mailing Address  
**C/O ROBERT LEWIS  
PO BOX 811  
CHATTAHOOCHEE, FL 32324 US**



04132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2873128**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEWIS, ROBERT  
44 BELLAMY ROAD  
CHATTAHOOCHEE, FL 32324**

**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 Robert Lewis Robert Lewis DATE April 13, 2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **LEWIS, ROBERT**  
STREET ADDRESS **44 BELLAMY ROAD**  
CITY-ST-ZIP **CHATTAHOOCHEE, FL 32324**

TITLE **BM**  
NAME **WILLIAMS, EDGAR**  
STREET ADDRESS **2468 LINCOLN DR**  
CITY-ST-ZIP **CHATTAHOOCHEE, FL 32324**

TITLE **D**  
NAME **WILLIAMS, MABLE**  
STREET ADDRESS **104 ANNIE B JACKSON LN**  
CITY-ST-ZIP **CHATTAHOOCHEE, FL 32324**

TITLE **S**  
NAME **WHITE, ALMA L**  
STREET ADDRESS **138 COPELAND WHITE RD**  
CITY-ST-ZIP **CHATTAHOOCHEE, FL 32324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Lewis Robert Lewis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 13, 2007 (663-4194/663-4373)  
Date Daytime Phone #