


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90087 006 \*\*\*\*70.00

<b>DOCUMENT # 723683</b>		
1. Entity Name ROSEDALE WATER ASSOCIATION, INC.		

Principal Place of Business C/O ROBERT LEWIS <del>PO BOX 811</del> CHATTAHOOCHEE, FL 32324 US	Mailing Address C/O ROBERT LEWIS <del>PO BOX 811</del> CHATTAHOOCHEE, FL 32324 US
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2. Principal Place of Business - No P.O. Box # <b>350 Hardaway Hwy</b>	3. Mailing Address <b>350 Hardaway Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Chattahoochee, Florida</b>	City & State <b>Chattahoochee, Florida</b>
Zip <b>32324</b>	Country <b>Gadsden</b>
Zip <b>32324</b>	Country <b>Gadsden</b>

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2873128</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEWIS, ROBERT 44 BELLAMY ROAD CHATTAHOOCHEE, FL 32324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, ROBERT 44 BELLAMY ROAD CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILLIAMS, EDGAR 2468 LINCOLN DR CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MABLE 104 ANNIE B JACKSON LN CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, ALMA L 138 COPELAND WHITE RD CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BROWN, Shirley 344 Rosedale Tower Rd Chattahoochee, FL 32324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Carroll, Hezekiah Jr. 235 Hardaway Hwy Chattahoochee, FL 32324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Dawkin, Calvin 5355 Bonnie Rd Chattahoochee, FL 32324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 4-16-08 (850)663-4194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #