2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723683

FILED Apr 29, 2009 Secretary of State

Entity Name: ROSEDALE WATER ASSOCIATION, INC.

	rincipal Place of	f Business:	New Principal Place	of Business:	
350 HARI	ERT LEWIS DAWAY HWY HOOCHEE, FL 32	2324 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
350 HARI	ERT LEWIS DAWAY HWY HOOCHEE, FL 32	2324 US			
FEI Numbe	r: 59-2873128	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of Cur	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
	ROBERT MMY ROAD HOCHEE, FL 323.	24 US			
	e named entity sub te of Florida.	omits this statement for th	ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electronic	Signature of Registered /	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () De LEWIS, ROBERT 44 BELLAMY ROA CHATTAHOOCHEE	AD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:			Title:	() Change () Addition	
Name: Address:	BM () De WILLIAMS, EDGAI 2468 LINCOLN DR CHATTAHOOCHEE	R ₹	Name: Name: Address: City-St-Zip:	() Shange () haditon	
Name: Address: City-St-Zip: Title: Name: Address:	WILLIAMS, EDGAI 2468 LINCOLN DR CHATTAHOOCHEE D () De WILLIAMS, MABLE 104 ANNIE B JACK	R R E, FL 32324 elete E KSON LN	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	WILLIAMS, EDGAI 2468 LINCOLN DR CHATTAHOOCHEE D () De WILLIAMS, MABLE 104 ANNIE B JACK	R R E, FL 32324 elete E KSON LN E, FL 32324 elete	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	WILLIAMS, EDGAI 2468 LINCOLN DR CHATTAHOOCHEE D () De WILLIAMS, MABLE 104 ANNIE B JACK CHATTAHOOCHEE S () De WHITE, ALMA L 138 COPELAND W CHATTAHOOCHEE RS () De BROWN, SHIRLEY 344 ROSEDALE TO	R R R E, FL 32324 elete E KSON LN E, FL 32324 elete VHITE RD E, FL 32324 elete Y OWER RD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT LEWIS P 04/29/2009