

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90294 036 \*\*\*\*61.25

**DOCUMENT # 740183**

1. Entity Name

ROSELAND GARDENS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

10996 MULBERRY ST  
SEBASTIAN FL 32958

Mailing Address

P.O. BOX 695  
ROSELAND FL 32957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0126341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREUSS, RONNIE  
10996 MULBERRY ST  
SEBASTIAN FL 32958

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOUBERLY, THOMAS  
8425 CAMPBELL AVENUE  
SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ALICE Doublerly  
8425 Campbell Ave  
Sebastian, FL 32958 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PREUSS, RONNIE  
10996 MULBERRY ST  
SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Gary Gravel + Patricia Gravel  
P.O. BOX 221  
Roseland, FL 32957 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
HENDRY, SARA  
11194 HOTCHKISS DR  
SEBASTIAN FL 32958 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~Patricia Gravel~~  
John Finnegan  
8466 Horatand Ave  
Sebastian, FL 32958 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RINKAVAGE, NEIL  
11055 DURANT ST.  
ROSELAND FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Ann Hart  
6240 E. Mirror Lake Dr #302  
Sebastian, FL 32958 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCCARTHY, WILLIAM G.  
P.O. BOX 780583 NA  
SEBASTIAN FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Presley Pinkham  
8436 Campbell Ave  
Sebastian FL 32958  
Hobson Beeman ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MELNICK, GAIL  
10996 MULBERRY ST  
SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Marcus Simej  
Amrit Trejos ☐ Change ☒ Addition

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 empowered.

**SIGNATURE:** *Ronnie Preuss President*  
*Ronnie Preuss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

772-913-2378

Date

Daytime Phone #