

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90173 013 ****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
8436 Campbell Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 695
Suite, Apt. #, etc.



04152006 Chg-NP CR2E037 (11/05)

City & State
Sebastian, FL
Zip
32958
Country
USA

City & State
Roseland, FL
Zip
32957
Country
USA

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

**PREUSS, RONNIE
10996 MULBERRY ST
SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent

Name **Presley Pinkham**
Street Address (P.O. Box Number is Not Acceptable)
8436 Campbell Ave.
City **Sebastian** FL Zip Code **32958**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-26-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUBERLY, THOMAS	
STREET ADDRESS	8425 CAMPBELL AVENUE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREUSS, RONNIE	
STREET ADDRESS	10996 MULBERRY ST	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUBERLEY, ALICE	
STREET ADDRESS	8425 CAMPBELL AVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARY&PATRICA, GRAVEL	
STREET ADDRESS	PO BOX 221	
CITY-ST-ZIP	ROSELAND, FL 32957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINNEGAN, JOHN	
STREET ADDRESS	8466 HORATARD AVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELNICK, GAIL	
STREET ADDRESS	10996 MULBERRY ST	
CITY-ST-ZIP	SEBASTIAN, FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Presley Pinkham	
STREET ADDRESS	8436 Campbell Ave.	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Pinkham	
STREET ADDRESS	8436 Campbell Ave.	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Laura Pinkham **4-26-06**