2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740183

FILED Apr 28, 2007 Secretary of State

Entity Name: ROSELAND GARDENS PROPERTY OWNERS ASSOCIATION, INC.

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
	PBELL AVE N, FL 32958			10996 MULBERRY ST SEBASTIAN, FL 32958			
Current Ma	ailing Address	::	New Maili	New Mailing Address:			
POB 695 ROSELANI	D, FL 32957		P O BOX 6 ROSELANI	895 D, FL 32957			
FEI Number:	65-0126341	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desire	d ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of Ne	ew Registered Agent:		
	PRESLEY PBELL AVE N, FL 32958	US		RONNIE .BERRY ST N, FL 32958	US		
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered off	fice or registered agent,	or both,	
SIGNATUR	E: RONNIE P	REUSS			04/28/2007		
	Electronic	s Signature of Registered Agen	t		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () I DOUBERLY, THO 8425 CAMPBELI SEBASTAIN, FL	_ AVENUE	Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	D ()[PREUSS, RONN 10996 MULBER SEBASTIAN, FL	RY ST	Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	D () I DOUBERLEY, AI 8425 CAMPBELI SEBASTIAN, FL	_ AVE	Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	D () I PRESLEY, PINK 8436 CAMPBELI SEBASTIAN, FL	_ AVE	Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	D () [PINKHAM, LAUR 8436 CAMPBELI SEBASTIAN, FL	_ AVE	Title: Name: Address: City-St-Zip:	T (X) (PINKHAM, LAUR 8436 CAMPBELL SEBASTIAN, FL	L AVE		
Title: Name: Address: City-St-Zip:	S ()[MELNICK, GAIL 10996 MULBER SEBASTIAN, FL		Title: Name: Address: City-St-Zip:	()(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: LAURA PINKHAM T 04/28/2007