2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# 740183

Entity Name: ROSELAND GARDENS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10996 MULBERRY ST
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

P O BOX 695
ROSELAND, FL 32957

New Mailing Address:

FEI Number: 65-0126341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREUSS, RONNIE
10996 MULBERRY ST
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DOUBERLY, THOMAS	
Address:	8425 CAMPBELL AVENUE	
City-St-Zip:	SEBASTAIN, FL 32958	
Title:	D	( ) Delete
Name:	PREUSS, RONNIE	
Address:	10996 MULBERRY ST	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	D	( ) Delete
Name:	DOUBERLEY, ALICE	
Address:	8425 CAMPBELL AVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	D	( ) Delete
Name:	PRESLEY, PINKHAM	
Address:	8436 CAMPBELL AVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	T	( ) Delete
Name:	PINKHAM, LAURA	
Address:	8436 CAMPBELL AVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	S	(X) Delete
Name:	MELNICK, GAIL	
Address:	10996 MULBERRY ST	
City-St-Zip:	SEBASTIAN, FL 32958	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	MELNICK, GAIL	
Address:	10996 MULBERRY ST	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 04/26/2008

Electronic Signature of Signing Officer or Director — Date