


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90144 049 ****61.25

DOCUMENT # 754203					
1. Entity Name ROSEBUD PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business LOT3, ROSEBUD PARK OKEECHOBEE, FL 34974			Mailing Address LOT3, ROSEBUD PARK OKEECHOBEE, FL 34974		
2. Principal Place of Business - No P.O. Box # LOT 1097, Rosebud Suite, Apt. #, etc. Okeechobee		3. Mailing Address 1097 Rosebud Park Suite, Apt. #, etc. Okeechobee, FL			
City & State Okeechobee FL		City & State Okeechobee, FL		4. FEI Number 65-0016558	
Zip 34974		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADLEY, MAUREEN 3 ROSEBUD AVE OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 <u>Maureen Bradley</u> <u>Secretary</u> <u>4-22-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME VAUGHN, LILLIAN STREET ADDRESS 8 ROSE BUD AVE CITY-ST-ZIP OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE VP NAME VAUGHN, LILLIAN STREET ADDRESS 1147 Rosebud Ave CITY-ST-ZIP Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MUNDY, WANDA STREET ADDRESS 12 ROSE BUD AVE CITY-ST-ZIP OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE S NAME Mundy, Wanda STREET ADDRESS 1185 Rosebud Ave CITY-ST-ZIP Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BRADLEY, MAUREEN STREET ADDRESS 3 ROSE BUD AVE CITY-ST-ZIP OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE T NAME Bradley, Maureen STREET ADDRESS 1097 Rosebud Ave CITY-ST-ZIP Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME HALE, CHUCK STREET ADDRESS 9 ROSEBUD AVE CITY-ST-ZIP OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE P NAME Hale, Chuck STREET ADDRESS 1155 Rosebud Ave CITY-ST-ZIP Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Maureen Bradley</u> <u>Maureen Bradley</u> <u>863-763-8011</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					