2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# 757922

Entity Name: ROSETREE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

CONTINENTAL
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

THE CONTINENTAL GROUP, INC.
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716 US

Current Mailing Address:

CONTINENTAL
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

THE CONTINENTAL GROUP, INC.
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716 US

FEI Number: 59-2123013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 N FLORIDA LN
STE 2625
TAMPA, FL 33602 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: VP
Name: CARDOSO, TOM
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TRES
Name: BEEGLE, LEELAND
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: DIR
Name: JENKINS, JERMAINE
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: PRES
Name: MAKRES, PETER
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SEC
Name: GIACALONE, MARCIA
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

Title: DIR
Name: WEAVER, SUSAN
Address: 2870 SCHERER DRIVE NO, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby 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 all other like empowered.

SIGNATURE: BRIAN JONES LCAM 03/31/2011

Electronic Signature of Signing Officer or Director Date