

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764522

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE ROSE GARDENS ASSOCIATION, INC.

Current Principal Place of Business:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

4621 NORTH PINE HILLS RD
ORLANDO, FL 32808 US

Current Mailing Address:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-2247482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 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: PD () Delete
Name: LUCES, GLORIA
Address: 462 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: STD () Delete
Name: SCHULTZ, CHRIS
Address: 5820 PINE GROVE RUN
City-St-Zip: OVIEDO, FL 32765

Title: V () Delete
Name: JOHNSON, MELICA
Address: 4619 NORTH PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUCES, GLORIA
Address: 13515 TEXAS WOODS CR
City-St-Zip: ORLANDO, FL 32824 US

Title: STD (X) Change () Addition
Name: SCHULTZ, CHRIS
Address: 5820 PINE GROVE RUN
City-St-Zip: OVIEDO, FL 32765 US

Title: VP (X) Change () Addition
Name: JOHNSON, MELICA
Address: 4619 NORTH PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808 US

Title: MGR () Change (X) Addition
Name: ASKEW, JEANNE MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: JEANNE ASKEW

MGR

03/31/2009

Electronic Signature of Signing Officer or Director

Date