2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 09, 2007 8:00 am DOCUMENT # 768365 **Secretary of State** ROSÉWOOD GARDENS OF TAMPA BAY, INC. 05-09-2007 90100 035 ****61.25 Principal Place of Business Mailing Address P.O. BOX 272670 P.O. BOX 272670 TAMPA, FL 33688 TAMPA, FL 33688 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2228668 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENT FIRST REALTY, INC. Street Address (P.O. Box Number is Not Acceptable) 162 FLETCHER AVE TAMPA, FL 33612 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Sec-Pinctor Addition PD TITLE Delete TITLE Uzanne Martinez ☐ Change THRIFT, JULIA NAME NAME 0130x 272670 STREET ADDRESS PO BOX 272670 STREET ADDRESS tampa. FZ 33488 CITY-ST-ZIP **TAMPA, FL 33688** CITY-ST-ZIP President - Director Katherine Clarkson SD Change TITLE ☐ Delete TITLE ☐ Addition CLARKSON, KATHERINE NAME NAME DO BOY STILLIO PO BOX 272670 STREET ADDRESS STREET ADDRESS tampa ti B3488 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33688 TD Reas-12ir TITLE Delete TITLE Change Addition Likisay Jackson P.O. Box 272670 PEARSON, JON NAME NAME PO BOX 272670 STREET ADDRESS STREET ADDRESS Tanpa- E 33688 CITY-ST-ZIP TAMPA, FL 33688 CITY-ST-ZIP ☐ Delete □ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 otherwike empowered.

SIGNATURE:

FILED