

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770587

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: ROSE POINT HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

4474 GOLDENRAIN CT  
ORLANDO, FL 32808 US

## New Principal Place of Business:

PO BOX 196025  
WINTER SPRINGS, FL 32719 US

## Current Mailing Address:

4474 GOLDENRAIN CT  
ORLANDO, FL 32808 US

## New Mailing Address:

PO BOX 196025  
WINTER SPRINGS, FL 327196025 US

FEI Number: 59-2405987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ASC PROPERTY SERVICES INC.  
301 E. PINE STREET,  
150  
ORLANDO, FL 32801 US

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: ED HAYDEN

07/10/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLEMAN, BETTINA  
Address: 4474 GOLDENRAIN CT  
City-St-Zip: ORLANDO, FL 32808 US

Title: VPD ( ) Delete  
Name: DAQUIN, JACQUELIN  
Address: 4591 POINT LOOK OUT RD  
City-St-Zip: ORLANDO, FL 32808 US

Title: STD ( ) Delete  
Name: HURLEY, BRENDA  
Address: 4469 GOLDENRAIN CT  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ~~DR~~ (X) Change (X) Addition  
Name: ~~HURLEY, BRENDA~~  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 327196025 US

Title: ~~VPD~~ (X) Change (X) Addition  
Name: ~~COLEMAN, BETTINA~~  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 327196025 US

Title: STD (X) Change ( ) Addition  
Name: TAPPAN, LINDA  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 327196025

I hereby certify that the information supplied with this filing does not qualify for the 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: ED HAYDEN

MGR

07/10/2006

Electronic Signature of Signing Officer or Director

Date