2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 21, 2008 8:00 am Secretary of State **DOCUMENT #770587** 1. Entity Name ROSE POINT HOMEOWNERS ASSOCIATION, INC. 05-21-2008 90027 046 ****61.25 Principal Place of Business Mailing Address -4469 GOLDENRAIN CT. PO BOX 0774 ORLANDO, FL 32808 WINDERMERE, FL 34786-0774 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4474 GOLDENRAIN Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2405987 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, ROBERT L ESQ 850 CONCOURSE PKWY STE S Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 City Zip Code 8. The above named entity submits this statement for the purp e 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 3. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete VP TITLE TITLE α ☐ Change Addition HILL, HURLEY, BRENDA NAME NAME ARTHUR GOLDENRAIN CT. STREET ADDRESS 4469 GOLDENRAIN CT. STREET ADDRESS 44 86 ORLANDO, FL 32808 CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TD ☐ Delete TITLE Change ☐ Addition 12 \mathcal{D} NAME COLEMAN, BETTINA NAME STREET ADDRESS 4474 GOLDENRAIN CT. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE SD ☐ Delete TITLE **Change** ■ Addition TAPPAN, LINDA NAME NAME STREET ADDRESS 4556 HERITAGE OAK DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ROSCOE, CHARITY STREET ADDRESS 4566 HERITAGE OAK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32808 TITLE Delete TITLE ☐ Change Addition CROSBY, DAVID CLARK, DAN NAME NAME 4480 GOLVENBAIN CT. STREET ADDRESS 4531 POINT LOOKOUT RD. STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE PERREALT, JENNI NAME NAME 4486 GOLDENBAIN CT. STREET ADDRESS STREET ADDRESS ORLANDO, FL 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 other like empowered.

SIGNATURE:

FILED