

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770587

FILED
Apr 30, 2009
Secretary of State

Entity Name: ROSE POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4974 GOLDEN RAIN CT
ORLANDO, FL 32808 US

New Principal Place of Business:

4474 GOLDEN RAIN CT
ORLANDO, FL 32808 US

Current Mailing Address:

C/O LIGHTHOUSE MANAGEMENT
P. O. BOX 0774
WINDERMERE, FL 347860774 US

New Mailing Address:

FEI Number: 59-2405987 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAYLOR & CARLS, P.A.
150 N. WESTMONTE DR.
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: DVP () Delete
Name: HILL, ARTHUR
Address: 4486 GOLDEN RAIN CT
City-St-Zip: ORLANDO, FL 32808 US

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

Title: SD () Delete
Name: TAPPAN, LINDA
Address: 4556 HERITAGE OAK DR.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: ROSCOE, CHARITY
Address: 4566 HERITAGE OAK DR.
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Delete
Name: CLARK, DAN
Address: 4480 GOLDEN RAIN CT
City-St-Zip: ORLANDO, FL 32808

Title: S (X) Delete
Name: PERREALT, JENNI
Address: 4486 GOLDEN RAIN CT
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COLEMAN, BETTINA
Address: 4474 GOLDEN RAIN CT
City-St-Zip: ORLANDO, FL 32808 US

Title: T (X) Change () Addition
Name: PERREALT, JENNI
Address: 4486 GOLDENRAIN CT.
City-St-Zip: ORLANDO, FL 32808 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTINA COLEMAN

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date