

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 013 ***150.00

DOCUMENT # H62384

1. Entity Name

ROSE LAKE ESTATES MOBILE HOME OWNERS
ASSOCIATION, INCORPORATED



Principal Place of Business

210 N. PINE AVENUE
TAMPA FL 33613
US

Mailing Address

210 N. PINE AVENUE
TAMPA FL 33613
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2641016**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, LEORA
210 N. PINE DRIVE
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Leora B. Caldwell, Treasurer

Leora B Caldwell

4-21-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2008, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CALDWELL, JERRY	
STREET ADDRESS	210 N. PINE DR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	T	<input type="checkbox"/> Delete
NAME	CALDWELL, LEORA	
STREET ADDRESS	210 NORTH PINE DR.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAKER, MARIE	
STREET ADDRESS	238 SUN COURT N	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANKE, MARGARET	
STREET ADDRESS	211 N. PINE DR.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BAKER, DON	
STREET ADDRESS	238 SUN COURT N	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seborah Jingling	
STREET ADDRESS	235 Sun Valley	
CITY-ST-ZIP	Tampa FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Middleton	
STREET ADDRESS	224 Palm Drive	
CITY-ST-ZIP	Tampa FL 33613	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Supak	
STREET ADDRESS	214 Sunset Circle	
CITY-ST-ZIP	Tampa FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *Leora B Caldwell, Treasurer* *Leora B Caldwell* 4/21/08 813-264-4277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone