2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00946

FILED Jan 23, 2008 Secretary of State

Entity Name: ROSE GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5510 SW4TH PLACE CAPE CORAL, FL 33914 US **Current Mailing Address: New Mailing Address:** C/O SILVERCRESTED MGT., INC C/O SILVERCRESTED MANAGEMENT LLC P. O. BOX 1848 P. O. BOX 1848 FORT MYERS, FL 33902 FORT MYERS, FL 33902 US FEI Number: 65-0241185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SILVERCRESTED MGT., INC. SILVERCRESTED MANAGEMENT LLC 3440 MARINATOWN LANE 3440 MARINATOWN LANE 203 FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 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: LEE J. VAN TILBURG 01/23/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALL, RICHARD Name: Name: 5510 SW 4TH PLACE # 207 Address: Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: VD () Delete Title: () Change () Addition ABRAMSON, DONALD Name: Name: Address: 5510 SW 4TH PLACE #305 Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: TD () Delete Title: () Change () Addition HAYES, ALICE Name: Name: Address: 5510 SW 4TH PLACE #601 Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: LACY, MARLENE Name: 5510 SW 4TH PLACE #603 Address: Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ETHERTON, VALERIE LONG, SANDRA Name: Name: 5510 SW 4TH PLACE # 308 5510 SW 4TH PLACE # 103 Address: Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: CAPE CORAL, FL 33914 US

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: RICHARD HALL PD 01/23/2008