

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00946

FILED
Jan 21, 2011
Secretary of State

Entity Name: ROSE GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5510 SW4TH PLACE
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P. O. BOX 1848
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0241185 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: VD
Name: SUDANO, NICHOLAS
Address: 5510 SW 4TH PLACE #507
City-St-Zip: CAPE CORAL, FL 33914 US

Title: PD
Name: HALL, RICHARD
Address: 5510 SW 4TH PLACE #207
City-St-Zip: CAPE CORAL, FL 33914 US

Title: TD
Name: HAYES, ALICE
Address: 5510 SW 4TH PLACE #601
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SD
Name: VIEBROCK, DARLENE
Address: 5510 SW 4TH PLACE #203
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D
Name: KNEE, KATHERINE
Address: 5510 SW 4TH PLACE #606
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: RICHARD HALL

PD

01/21/2011

Electronic Signature of Signing Officer or Director

Date