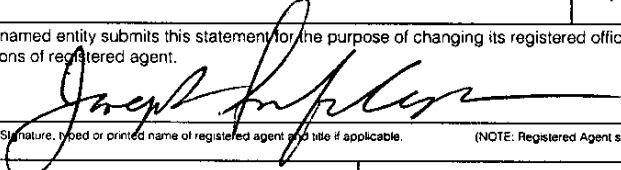
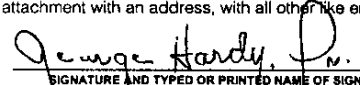


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90152 022 ****61.25

DOCUMENT # N01000005108 1. Entity Name THE ROSE BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8429 BAYWOOD VISTA DR. ORLANDO, FL 32810			Mailing Address P.O. BOX 608358 ORLANDO, FL 32860		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SANFILIPPO, JOSEPH 8429 BAYWOOD VISTA DR. ORLANDO, FL 32810				Name Joseph SanFilippo Street Address (P.O. Box Number is Not Acceptable) 8429 Baywood Vista Dr. ORLANDO, FL 32810 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  DATE					
Filing Fee is \$61.25 Due by May 1, 2006					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete			
NAME	HARDY, GEORGE JR				
STREET ADDRESS	8238 BAYWOOD VISTA DR				
CITY - ST - ZIP	ORLANDO, FL 32810				
TITLE	VPD	☐ Delete			
NAME	KARPINSKI, JAMIE				
STREET ADDRESS	8338 BAYWOOD VISTA DR				
CITY - ST - ZIP	ORLANDO, FL 32810				
TITLE	STD	☒ Delete			
NAME	SANFILIPPO, JOSEPH				
STREET ADDRESS	8429 BAYWOOD VISTA DR				
CITY - ST - ZIP	ORLANDO, FL 32810				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	STD	☐ Change ☒ Addition			
NAME	CHARLES NELL				
STREET ADDRESS	5560 BURNWOOD DRIVE				
CITY - ST - ZIP	ORLANDO, FL 32810				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ 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 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:  GEORGE HARDY, JR.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3/6/06 Daytime Phone # 407.294.7746	

50005000



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3754083** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

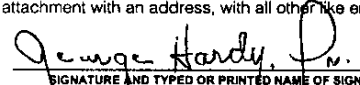
**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete	TITLE	STD	☐ Change ☒ Addition
NAME	HARDY, GEORGE JR		NAME	CHARLES NELL	
STREET ADDRESS	8238 BAYWOOD VISTA DR		STREET ADDRESS	5560 BURNWOOD DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32810		CITY - ST - ZIP	ORLANDO, FL 32810	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KARPINSKI, JAMIE		NAME		
STREET ADDRESS	8338 BAYWOOD VISTA DR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32810		CITY - ST - ZIP		
TITLE	STD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SANFILIPPO, JOSEPH		NAME		
STREET ADDRESS	8429 BAYWOOD VISTA DR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32810		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:  **GEORGE HARDY, JR.**

Date **3/6/06**

Daytime Phone # **407.294.7746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #