

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90032 034 ****61.25

DOCUMENT # N01000005325 1. Entity Name ROSE ISLE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 536095 ORLANDO, FL 32853-6095			Mailing Address POST OFFICE BOX 536095 ORLANDO, FL 32853-6095		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03132005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3733251	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RADER, ROBERT (TODD) E TD 2501 NORFOLK ROAD ORLANDO, FL 32803				Name KIRKLAND, LINDY LEE Street Address (P.O. Box Number is Not Acceptable) 2700 LAKE SHORE DR DEPT. OF STATE FL Zip Code 32803	
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 <u>Lindy Lee Kirkland</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/13/05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input checked="" type="checkbox"/> Delete	TITLE	PR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, SIMON		NAME	JIM LACOVARA	
STREET ADDRESS	2403 NORFOLK RD		STREET ADDRESS	2354 Lake Shore Dr	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURRAY, DARREL		NAME	SANDY FOX	
STREET ADDRESS	2505 NORFOLK RD		STREET ADDRESS	1908 Lakeside Dr	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RADER, ROBERT (TODD) E		NAME	Lynne Foley	
STREET ADDRESS	2501 NORFOLK ROAD		STREET ADDRESS	2504 Norfolk Rd	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODEGHIER, AMY		NAME	Lindy Lee Kirkland	
STREET ADDRESS	2615 MIDDLESEX ROAD		STREET ADDRESS	2700 Lake Shore Dr	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: <u>Lindy Lee Kirkland</u> <u>LINDY LEE KIRKLAND</u> <u>3/13/05</u> <u>407 896 3733</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					