

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003637

FILED
Jan 21, 2009
Secretary of State

Entity Name: ROSAFLOA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6436 ROSAFLOA LANE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6436 ROSAFLOA LANE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2151696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, DOLORES P
6436 ROSAFLOA LANE
PENSACOLA, FL 32504 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: P () Delete
Name: EINHART, JAMES R MR
Address: 6436 ROSAFLOA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: DOLL, RICHARD
Address: 6438 ROSAFLOA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: DOLL, SANDRA
Address: 6438 ROSAFLOA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: T (X) Delete
Name: GREEN, DOLORES
Address: 6436 ROSAFLOA LANE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GREEN, DOLORES
Address: 6436 ROSAFLOA LANE
City-St-Zip: PENSACOLA, F 32504

Title: S (X) Change () Addition
Name: GREEN, DOLORES
Address: 6436 ROSAFLOA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOLORES GREEN

T

01/21/2009

Electronic Signature of Signing Officer or Director

Date