

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N03000005103**

1. Entity Name  
**HIGHLANDS ROSEDALE HOMEOWNERS' ASSOCIATION  
NO. TWO, INC.**



Principal Place of Business  
**5100 87TH STREET EAST  
BRADENTON, FL 34211**

Mailing Address  
**5100 87TH STREET EAST  
BRADENTON, FL 34211**



03212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0578587**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOGAN, PATRICK  
5100 87TH STREET EAST  
BRADENTON, FL 34211**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOGAN, PAT MR.  
5100 87TH STREET EAST  
BRADENTON, FL 34211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EMIGH, GARY  
5100 87TH STREET EAST  
BRADENTON, FL 34211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEBAY, LARRY  
5100 87TH STREET EAST  
BRADENTON, FL 34211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000680320  
04/03/07-80072-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Gary Emigh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07 (941) 258 2424  
Date Daytime Phone #