

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**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



03172008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

UD00000866404  
04/08/08-80028-007 61.25

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 (941) 758-2424

Date

Daytime Phone #