

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/6/2

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-06-2005 90003 023 \*\*\*158.75

<b>DOCUMENT # N04000009936</b> 1. Entity Name <b>ROSE INDUSTRIAL SITE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>840 NE 20TH AVENUE FT. LAUDERDALE, FL 33304</b>				Mailing Address <b>840 NE 20TH AVENUE FT. LAUDERDALE, FL 33304</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-1794476</div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> 50				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LOVELL, ROSE ANN 840 NE 20TH AVENUE FT. LAUDERDALE, FL 33304</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVELL, H.B. 840 NE 20TH AVENUE FT. LAUDERDALE, FL 33304		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LOVELL, ROSE ANN 840 NE 20TH AVENUE FT. LAUDERDALE, FL 33304		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNABY, ROBERT J JR. 3559 NW 10TH AVENUE FT. LAUDERDALE, FL 33311		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <span style="font-size: 1.2em; font-family: monospace;">1/05/05</span> Daytime Phone # <span style="font-size: 1.2em; font-family: monospace;">954-467-8220</span>	

**66000580**



01042005 Chg-NP CR2E037 (10/03)