2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04316

FILED Apr 19, 2009 Secretary of State

Entity Name: ROSE HILL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1040 YELLOW ROSE DRIVE 8937 ROSE HILL DRIVE ORLANDO, FL 32818 ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

P.O. BOX 618262 ORLANDO, FL 32861

FEI Number: 59-2490682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLEMM, RUSSELL E ESQ 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition JENSEN, SHAWN BERUBE, NANCY Name: Name: 1040 YELLOW ROSE DR Address: 8937 ROSE HILL DRIVE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: () Delete Title: (X) Change () Addition STEFFENS, KEN Name: THOMAS, JEFF Name:

Address: 989 YELLOW ROSE DR Address: 8936 ROSE HILL DRIVE City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: () Delete Title: (X) Change () Addition BERUBE, NANCY SIMMONS, WILLIAM ALLEN Name: Name: 8937 ROSE HILL DR. 1046 YELLOW ROSE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete Title: TD (X) Change () Addition WOODALL, WILLIAM Name: Name: LUMBARD, LANCE

8855 ROSE HILL DRIVE Address: 1064 YELLOW ROSE DR. Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: () Delete Title: DR () Change (X) Addition

WOODALL, BILL Name: Name:

1064 YELLOW ROSE DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32818

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: NANCY BERUBE PD 04/19/2009