

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90163 031 ****61.25

DOCUMENT # N06000003740					
1. Entity Name THE HILLS AT ROSE CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2128 SW MAIN BLVD., SUITE 103 LAKE CITY, FL 32025			Mailing Address 2128 SW MAIN BLVD., SUITE 103 LAKE CITY, FL 32025		
2. Principal Place of Business - No P.O. Box # 930 SW Baya Drive		3. Mailing Address P.O. Box 1874			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE CITY Florida		City & State LAKE CITY, Florida		4. FEI Number 20-4594499	
Zip 32025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURBEVILLE, RON W 2128 SW MAIN BLVD., SUITE 103 LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name BRIAN F. CREWS Street Address (P.O. Box Number is Not Acceptable) 930 SW Baya Drive City LAKE CITY FL Zip Code 32025		
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 Brian F. Crews - President 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TURBEVILLE, RON W STREET ADDRESS P.O. BOX 830 CITY - ST - ZIP LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete		TITLE PD NAME President BRIAN F. CREWS STREET ADDRESS 930 SW Baya Drive CITY - ST - ZIP LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME TURBEVILLE, JANICE L STREET ADDRESS P.O. BOX 830 CITY - ST - ZIP LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Treasurer Michele Lee STREET ADDRESS 708 NW EMERALD LAKES DRIVE CITY - ST - ZIP LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HARRIS, DIXIE J STREET ADDRESS P.O. BOX 830 CITY - ST - ZIP LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Secretary KARENA J. CREWS STREET ADDRESS 930 SW Baya Drive CITY - ST - ZIP LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Brian F. Crews President 4/17/07 386867-5001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					