2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
2007 AUG -7 AM 10:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N06000010033

1. Entity Name
ROSE VILLAS

Principal Place of Business	Mailing Address
510 10TH AVES. 1015 5TH STR.S.	PUTNAM MGMT. 792 94TH AVENUE NORTH NAPLES, FL 34108

04242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: NAPLES, FL	City & State
Zip: 34102 Country: USA	Zip Country

4. FEI Number: Applied for ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUTNAM MGMT. 792 94TH AVENUE NORTH NAPLES, FL 34108	Name: DAVID PUTNAM Street Address (P.O. Box Number is Not Acceptable): C/O PUTNAM MGMT 792 94 AVE N. City: NAPLES, FL Zip Code: 34108

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] DAVID PUTNAM 6/1/07
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President David M Hommat 4779 Highbee Ave NW Canton OH 44718	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200108703822 08/28/07--01030--006 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP R.T. Barnhart 4779 Highbee Ave Canton OH 44718	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Jeremy Hixson 4779 Highbee Ave Canton OH 44718	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition M. Williams AUG - / 2007

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6-1-07 — Daytime Phone #