

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12144

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** ROSE HILL PHASE II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1128 EAST DONEGAN AVE.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

1136 EAST DONEGAN AVE.  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1128 EAST DONEGAN AVE.  
KISSIMMEE, FL 34744

**New Mailing Address:**

1136 EAST DONEGAN AVE.  
KISSIMMEE, FL 34744

**FEI Number:** 59-2713441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRIS, FRAYDA R  
1128 EAST DONEGAN AVE  
KISSIMMEE, FL 34744 US

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

MORRIS, FRAYDA R  
1136 EAST DONEGAN AVE  
KISSIMMEE, FL 34744 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:

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GILBERT, KEVIN  
Address: 9131 MR LINCOLN CT  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: GILBERT, CHRISTINE  
Address: 9121 MR LINCOLN COURT  
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete  
Name: DELF, PAMELA M  
Address: 9107 MR. LINCLON CT  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: VALL, PAM  
Address: 1041 RED DAUDY DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GILBERT KEVIN

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date