

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90147 007 ****61.25

DOCUMENT # N18648					
1. Entity Name ROSE HILL PHASE III HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 680548 ORLANDO, FL 32868-0548 US			Mailing Address PO BOX 680548 ORLANDO, FL 32868-0548 US		
2. Principal Place of Business 3383 W. Vine St #307 Suite, Apt. #, etc. 307 Kissimmee FL Zip 34741 Country		3. Mailing Address 3383 W. Vine St Suite, Apt. #, etc. 307 Kissimmee FL Zip 34741 Country		4. FEI Number 59-2772000 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BOYD, DOLLIE C/O D & F MANAGEMENT LLC 12 EAST MONUMENT AVE. KISSIMMEE, FL 34741	
7. Name and Address of New Registered Agent Name <u>Dollie Boyd</u> Street Address (P.O. Box Number is Not Acceptable) <u>3383 W. Vine Street, Suite 307</u> City <u>Kissimmee</u> FL Zip Code <u>34741</u>				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 <u>Dollie Boyd, agent</u> DATE <u>2/19/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 CARR, KEN STREET ADDRESS 1242 RED DANDY DRIVE CITY-ST-ZIP ORLANDO, FL 32818	<input type="checkbox"/> Delete		TITLE T NAME Adams, Adams STREET ADDRESS 9111 Pristine Circle CITY-ST-ZIP Orlando, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME SCHORER, WOLFGANG STREET ADDRESS 1218 RED DANDY DRIVE CITY-ST-ZIP ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME SHADER, SHARON STREET ADDRESS 1720 CLIMBING ROSE DR CITY-ST-ZIP ORLANDO, FL 32818	<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 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.					
SIGNATURE: <u>Kenneth B. Blum</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>19 Feb 2005</u>		

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