2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18648

FILED May 02, 2006 Secretary of State

Certificate of Status Desired (X)

Entity Name: ROSE HILL PHASE III HOMEOWNERS ASSOCIATION, INC.

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

3383 W VINE ST ROES HILL III NEIGHBORHOOD ORLANDO, FL 32868 307

KISSIMMEE, FL 34741

New Mailing Address: Current Mailing Address:

3383 W VINE ST P.O. BOX 680548

307 ORLANDO, FL 32868 US KISSIMMEE, FL 34741 US

FEI Number: 59-2772000 FEI Number Applied For () FEI Number Not Applicable ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BOYD, DOLLIE SWOPE, WALTER 3383 W VINE STREET 9166 PRISTINE CIRCLE SUITE 307 ORLANDO, FL 32818 US KISSIMMEE, FL 34741 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: WALTER SWOPE 05/02/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CARR, KEN ADAMS, ANTHONY Name: Name: 1242 RED DANDY DRIVE Address: 9111 PRISTINE CIRCLE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: Title: (X) Change () Addition () Delete Name: ADAMS, ADAMS Name: BAKER, CAROL

Address: 9111 PRISTINE CIRCLE Address: 9162 PRISTINE CIRCLE City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: STD () Delete Title: TRS (X) Change () Addition

SHADER, SHARON CARLSON, RICHARD Name: Name: 1720 CLIMBING ROSE DR 9107 PRISTINE CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

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

Name: Name: JESPERSEN, DELANO

1124 CLIMBING 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 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: ANTHONY ADAMS PD 05/02/2006