

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18648

FILED  
Apr 03, 2007  
Secretary of State

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

**Current Principal Place of Business:**

ROES HILL III NEIGHBORHOOD  
ORLANDO, FL 32868 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 680548  
ORLANDO, FL 32868 US

**New Mailing Address:**

**FEI Number:** 59-2772000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWOPE, WALTER  
9166 PRISTINE CIRCLE  
ORLANDO, FL 32818 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADAMS, ANTHONY  
Address: 9111 PRISTINE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete  
Name: BAKER, CAROL  
Address: 9162 PRISTINE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: TRS ( ) Delete  
Name: CARLSON, RICHARD  
Address: 9107 PRISTINE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete  
Name: JESPERSEN, DELANO  
Address: 1124 CLIMBING ROSE DRIVE  
City-St-Zip: ORLANDO, FL 32818

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

Title: PD (X) Change ( ) Addition  
Name: ADAMS, DENISE/ANTHONY  
Address: 9111 PRISTINE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: TRS (X) Change ( ) Addition  
Name: BAKER, CAROL  
Address: 9162 PRISTINE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: VP (X) Change ( ) Addition  
Name: LUENNEMANN, TOM  
Address: 9106 PRISTINE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: VP (X) Change ( ) Addition  
Name: SWOPE, WALTER  
Address: 9166 PRISTINE CIRCLE  
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: DENISE ADAMS

PD

04/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date