

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90012 019 ****61.25

DOCUMENT # N22598

1. Entity Name

ROSEHILL PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

1625 METROPOLITAN CIRCLE
TALLAHASSEE FL 32308
US

Mailing Address

1625 METROPOLOTAN CIRCLE
TALLAHASSEE FL 32308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2960706

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

LEMON, R.E.
312 BUTEO COURT
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE T ☐ Delete
NAME RICHARDSON, SHARON C
STREET ADDRESS 1625 METROPOLITAN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☒ Delete
NAME FURLOUGH, ROBERT
STREET ADDRESS 228 ROSEHILL LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition
NAME Michael Harrell
STREET ADDRESS 319 Rosehill Drive E
CITY-ST-ZIP Tallahassee FL 32312

TITLE Secretary ☐ Change ☒ Addition
NAME Mallory Harrell
STREET ADDRESS 319 Rosehill Drive E
CITY-ST-ZIP Tallahassee FL 32312

TITLE Director ☐ Change ☒ Addition
NAME Barbara Gaddy
STREET ADDRESS 291 Rosehill Drive E
CITY-ST-ZIP Tallahassee FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sharon C. Richardson* Sharon C. Richardson 3/8/06 850-385-0729