


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N32484 1. Entity Name ROSEMEADE ASSOCIATION, INC.	
---	---

Principal Place of Business 98 WYNDEMERE WAY NAPLES, FL 34105 US	Mailing Address 98 WYNDEMERE WAY NAPLES, FL 34105 US
--	--

DO NOT WRITE IN THIS SPACE

03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0160948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES, FL 34105

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000287697 04/04/05-80081-002 61.25
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COEN, DIANE 397 ROSEMEADE LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAULEY, EDWARD T 398 ROSEMEADE LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT RATRIE, HARRY 405 ROSEMEADE LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Edward T. Cauley Edward T. Cauley 4-1-05 649-8074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #