


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47560
 1. Corporation Name
ROSEDOWN HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business 2533 Rosedown Drive Cantonment, Fl. 32533	Mailing Address 2533 Rosedown Dr. Cantonment, Fl 32533
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3. Date Incorporated or Qualified 2/26/92	3a. Date of Last Report 1997
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2. Principal Place of Business 21 2533 Rosedown Dr.	2a. Mailing Address 26 2533 Rosedown Dr.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State 22 Cantonment, Fl	City & State 27 Cantonment, Fl
Zip 23 32533	Zip 28 32533
Country	Country

4. FEI Number 59-3309259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Malcom Meekison
82 Street Address (P.O. Box Number is Not Acceptable) 2533 Rosedown Dr.
83
84 City Cantonment, FL
85 Zip Code 32533

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Malcom Meekison* **Malcom Meekison, Pres** **4/2/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PRES (D)	<input type="checkbox"/> DELETE
NAME Malcom Meekison	
STREET ADDRESS 2533 Rosedown Dr.	
CITY-ST-ZIP Cantonment, Fl 32533	
TITLE TREAS (D)	<input type="checkbox"/> DELETE
NAME Patricia Scott	
STREET ADDRESS 2531 Rosedown Dr.	
CITY-ST-ZIP Cantonment, Fl 32533	
TITLE V.P. (D)	<input type="checkbox"/> DELETE
NAME Lori Tyree	
STREET ADDRESS 2540 Rosedown Dr.	
CITY-ST-ZIP Cantonment, Fl 32533	
TITLE SEC (D)	<input type="checkbox"/> DELETE
NAME Kathleen McCormick	
STREET ADDRESS 2622 Devlin Way	
CITY-ST-ZIP Cantonment, Fl 32533	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Malcom Meekison* **Malcom Meekison, Pres** **4/2/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)