FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4756

(0)

ROSEDOWN HOMEOWNERS ASSOCIATION OF PENSACOLA, IN

C.	o noodimon of Tenonoca, in			
Principal Place of Business	Meiling Address 2553 ROSEDOWN DR. CANTONMENT FL 32533 US			
2553 ROSEDOWN DR. CANTONMENT FL 32533 US				
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

FILED Apr 10 1998 8:00am Secretary of State



Applied For

Fee Required

\$5.00 May Be

850-968-2672

Not Applicable

\$8.75 Additional

 Date Incorporated or Qualified 02/26/1992

59-3309259

5. Certificate of Status Desired

8. Election Campaign Financing

4. FEI Number

22		[27]				Trust Fund Contribution	988		
City & State City & State					7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible			
24	25	29	30	•		Personal Property Tax due June 30. Yes	-		
	9. Name and Address of Curren		[30]	r		10. Name and Address of New Registered Agent			
				81	Name				
MECVIO	011 AMAGONT - 40 4 4 6 4	7/ AA		Ш					
MEEKISON, MALCOM MA COLM 2553 ROSEDOWN DR. CANTONMENT FL 32533				82	Street Add	fress (P.O. Box Number is Not Acceptable)			
				63					
/ CANION	MENT FL 32533			~					
1253	3			84	City	FL 85 Zip Co	de		
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida St	atutes, the a	bove	named cor	poration submits this statement for the purpose of changing its reation's board of directors. I hereby accept the appointment as re-	egistered		
agent. I a	m familiar with, and accept the obliga	ations of, Section 617,0503	, Florida Stat	u by lutes.	trie corpora	such a board of directors. Thereby accept the appointment as req	gistered		
SIGNATURE	_								
	Signature, typed or printed name of registered age		(NOTE: Registers	d Ager	it signature requ	ulred when reinstating) DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			
TITLE	DP	☐ DELETE	1.1 Ti	TLE			Addition		
NAME	MEEKISON, MALCOM		1.2 N	AME	/	MERKISON, MALCULM V			
STREET ADDRESS	2553 ROSEDOWN DR.		1.3 \$1	FREET /	NDDRESS	MERKISON, MALCULM V 2533 ROSEBOWN DR			
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 0	TY-ST	- ZIP	CANTONMENT FL 32532			
TITLE	TD	☐ DELETE	2.1 TI	TLE	-		Addition		
NAME	SCOTT, PATRICIA		2.2 N	AME		KOZMA , PORTIA D 2552 ROSEOUN DR CANTON MENT FL 32533			
STREET ADDRESS	RESS 2551 ROSEDOWN DR. 233		2.3 ST	REET A	NODRESS -	552 ROSEONNDR			
CITY-ST-2IP	CANTONMENT FL 32533		2.40	ITY-S	r-ZIP	CANTON MENT FL 32533			
TITLE	VPD	DELETE	3.1 TI	TLE		Change [Addition		
NAME	TYREE, LORI 3.2		3.2 N	WAME					
STREET ADDRESS	AND THE PROPERTY OF THE PROPER			3.3 STREET ADDRESS					
CITY-ST-ZIP	CANTONMENT FL 32533			ITY-SI	r- ZIP				
TITLE	SD	☐ DELETE	4.1 Ti	TLE		☐ Change	Addition		
NAME	MCCORMICK, KATHLEEN		4.2 N	IAME	1				
STREET ADDRESS	2622 DEVLIN WAY		4.3 S	REET A	ADDRESS				
CITY-ST-ZIP	CANTONMENT FL 32533		4.4 CI	TY-ST	- ZIP				
TITLE		DELETE	5.1 TI	TLE	"-	Change	Addition		
NAME			5.2 N	ME					
STREET ADDRESS			5.3 \$1	TREET A	LODRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP				
TITLE	DELETE 6.17					☐ Change	Addition		
NAME			6.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST					
14. I bereby c	ertify that the information supplied w	th this filing does not quali	fy for the eye	mnt	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the inf	formation		
Indicated of control	on this annual report or supplementa director of the corporation or the rece	I annual report is true and liver or trustee empowered	accurate and to execute t	d tha Ihis r	t my signatu eport as req	ure shall have the same legal effect as if made under oath; that I quired by Chapter 617, Florida Statutes; and that my name appea	am an ars in		

MALCOUN V NECOISON