NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N47560**

1. Corporation Name

## ROSEDOWN HOMEOWNERS ASSOCIATION OF PENSACOLA, IN

Principal Place of Business 2553 ROSEDOWN DR. CANTONMENT FL 32533

Mailing Address

2553 ROSEDOWN DR. CANTONMENT FL 32533

**FILED** Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90004 003 \*\*\*\*61.25

1238/1 - 90004 - 3

| 2. Principal P       | lace of Business  | 2a. Mailing Address                  |                            | Date Incorporated or Qualife  | d                 |              |   |  |  |
|----------------------|---|--------------------------------------|----------------------------|---|-------------------|--------------|---|--|--|
| 21 Patric            |   | 26 Patrick Kozn                      | na                         | 02/26/1992  |                   |              |   |  |  |
| Suite, Apt.          |   | Suite, Apt. #, etc.                  |                            | 4. FEI Number   |                   | - App        | fled For                                |  |  |
|                      | Rosedown Drive  | 2552 Rosedov                         | wn Drive                   | 59-3309259  |                   | <del> </del> | Applicable                              |  |  |
| City & Stat          |   | City & State Cantonment F            | <br>L                      | 5. Certifcate of Status Desired   |                   | 8.75 A       |   |  |  |
| Zip Zip              | Country   | Zip                                  | Country                    | 6. Election Campaign Financing  | <u>.</u>          | \$5.00 N     | lau Da                                  |  |  |
| 32533                |   | 29 32533                             | m TICA                     | Trust Fund Contribution   | , <sub>□</sub>    | Added to     |   |  |  |
|                      | 9. Name and Address of Curren   | t Registered Agent                   |                            | 10. Name and Address of New   | Registered Age    | nt           |   |  |  |
|                      |   |                                      | 81 Name                    | ) - 4 • - 1- 77   |                   |              |   |  |  |
| MEERISO              | N, MALCOM   |                                      |                            | Patrick Kozma   | table)            |              |   |  |  |
|                      |   |                                      |                            | 82 Street Address (P.O. Box Number is Not Acceptable) 2552 Rosedown Drive |                   |              |   |  |  |
| î .                  | SEDOWN DR.  |                                      | 83                         | .552 ROBCOOM BILVO  | -                 |              |   |  |  |
| CANTON               | MENT FL 32533   |                                      |                            |   |                   |              |   |  |  |
|                      |   |                                      | 84 City                    | Cantonment  | FL                | 5 Zip C      |   |  |  |
| 11. Pursuant         | to the provisions of Sections 617.050   | 2 and 617.1508. Florida Statutes.    | the above-named            | corporation submits this statement for the                                | e purpose of cha  | nging its r  | egistered                               |  |  |
| office or r          | egistered agent, or both, in the State<br>in familiar with, and accept the oblina | of Florida. Such change was auth     | iorized by the corp        | oration's board of directors. I hereby acc                                | ept the appointme | ent as reg   | stered                                  |  |  |
| SIGNATURE            |   | <del></del>                          | appil - K                  |   | 1 22 29           |              |   |  |  |
| SIGNATURE            | Signature, typed or printed name of registered ager                               | t and title if applicable. (NOTE: Re | gistered Agent signature i | required when reinstating)  | DATE              |              |   |  |  |
| 12.                  | OFFICERS AN   | D DIRECTORS                          | 13.                        | ADDITIONS/CHANGES TO C  | FFICERS AND D     | IRECTOR      |   |  |  |
| TITLE                | DP  | DELETE                               | 1.1 TITLE                  | President   | χ                 | Change       | Addition                                |  |  |
| NAME                 | MEEKISON, MALCOLM V   |                                      | 1.2 NAME                   | Kozma, Patrick J  |                   |              |   |  |  |
| STREET ADDRESS       | 2533 ROSEDOWN DR  |                                      | 1.3 STREET ADDRESS         | •   |                   |              |   |  |  |
| CITY-ST-ZIP          | CANTONMENT FL 32533   |                                      | 1.4 CITY-ST-ZIP            | 2552 Rosedown Drive<br>Cantonment FI 32533                                | •                 |              | i                                       |  |  |
| TITLE                | TD  | ☐ DELETE                             | 2.1 TITLE                  |   |                   | ] Change     | Addition                                |  |  |
| NAME                 | KOZMA, PORTIA D   |                                      | 2.2 NAME                   | ·   |                   |              |   |  |  |
| STREET ADDRESS       | 2551 ROSEDOWN DR.   |                                      | 2.3 STREET ADDRESS         |   |                   |              |   |  |  |
| ì '                  | CANTONMENT FL 32533   |                                      | 2. 4 CITY-ST-ZIP           | 1   |                   |              |   |  |  |
| CITY-ST-ZIP<br>TITLE | VPD   | ☐ DELETE                             | 3.1 TITLE                  |   |                   | Change       | Addition                                |  |  |
|                      | TYREE, LORI   |                                      | 3.2 NAME                   |   | _                 | - •          |   |  |  |
| NAME                 | 2540 ROSEDOWN DR.   |                                      | 3.3 STREET ADDRESS         | 1   |                   |              |   |  |  |
| STREET ADDRESS       |   |                                      |                            |   |                   |              |   |  |  |
| CITY-ST-ZIP          | CANTONMENT FL 32533   | □ DELETE                             | 3.4. CITY-ST-ZIP           | <del></del>   |                   | ] Change     | Addition                                |  |  |
| TITLE                | SD MOOODANICK KATHUEEN  | ☐ bereis                             | 4.1 TITLE                  |   | ٤.                | 1 21millo    | المستون بي                              |  |  |
| NAME                 | MCCORMICK, KATHLEEN   |                                      | 4. 2 NAME                  |   |                   |              |   |  |  |
| STREET ADDRESS       | 2622 DEVLIN WAY   |                                      | 4.3 STREET ADDRESS         |   |                   |              |   |  |  |
| CITY-ST-ZIP          | CANTONMENT FL 32533   |                                      | 4.4 CITY-ST-ZIP            |   |                   |              | F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |
| TITLE                |   | ☐ DELETE                             | 5.1 TITLE                  |   | Ĺ.                | ) Change     | Addition                                |  |  |
| NAME                 |   |                                      | 5.2 NAME                   |   |                   |              |   |  |  |
| STREET ADDRESS       |   |                                      | 5.3 STREET ADDRESS         |   |                   |              |   |  |  |
| CITY-ST-ZIP          | _   |                                      | 5.4 CITY-ST-ZIP            |   |                   |              |   |  |  |
| TITLE                |   | ☐ DELETE                             | 6.1 TITLE                  |   |                   | ] Change     | ☐ Addition                              |  |  |
| NAME                 | İ   |                                      | 6.2 NAME                   | ļ   | ·                 |              |   |  |  |
| CYDEET ADDRESS       |   |                                      | 6.3 STREET ADDRESS         | į   |                   |              |   |  |  |

14. I 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 acquair 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR