
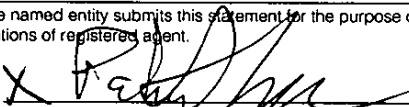
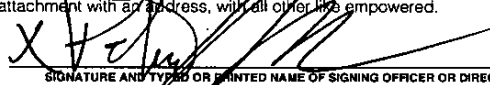


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90002 029 ****61.25

DOCUMENT # N47560			
1. Entity Name ROSEDOWN HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.			
Principal Place of Business C/O PORTIA KOZMA 2552 ROSEDOWN DRIVE CANTONMENT, FL 32533 US		Mailing Address C/O PORTIA KOZMA 2552 ROSEDOWN DRIVE CANTONMENT, FL 32533 US	
2. Principal Place of Business 40 Patrick Kozma Suite, Apt. #, etc. 2552 Rosedown Dr City & State Cantonment FL Zip 32533 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3309259		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 KOZMA, PORTIA 2552 ROSEDOWN DRIVE CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Patrick Kozma Street Address (P.O. Box Number is Not Acceptable) 2552 Rosedown Dr City Cantonment FL Zip Code FL 32533	
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.		DATE 5/15/05 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOZMA, PORTIA 2552 ROSEDOWN DRIVE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOZMA, PATRICK 2552 ROSEDOWN DRIVE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DEREK 2544 ROSEDOWN DRIVE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Patrick Kozma 2552 Rosedown Dr Cantonment FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kim Updike 2508 Rosedown Dr Cantonment FL 32533	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chris Moorhead 2549 Rosedown Cantonment FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/15/05 Daytime Phone # 850/293/1550	

50053222



05122005 Chg-NP CR2E037 (10/03)