2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 8:00 am Secretary of State

DOCUMENT # N47560 1. Entity Name ROSEDOWN HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.							01-25-2006 9	-		
Principal Place of Business C/O PATRICK KOZMA C/O PATRICK KOZMA 2552 ROSEDOWN DRIVE CANTONMENT, FL 32533 US CANTONMENT, FL 32533				3 US						
2. Principal Place of Business		P	3. Mailing Address P.O. BOX 55				4145 44 6 6111 	E 4:4! E E 4!	III 1111 IIII 113	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01222006	Chg-NP	CR2E0	37 (11/05)	
City & State			y & State ハての(でこ	FL	_	4. FEI Number Applied For 59-3309259 Not Applicable				
Zip	Country		32560	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registere	d Agent			7. Name and	Address of New	Registered	Agent	
KOZMA, P	ATRICK ,			Name						
2552 ROSEDOWN DRIVE CANTONMENT, FL 32533				Street A	ddress (F	P.O. Box Numbe	er is Not Acceptat	ole)		
				City					Zip Cod	ما
								FL	<u>- </u>	
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its re	egistered office o	r registere	ed agent, or bot	th, in the State of I	-lorida, Fam	i familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	et and title if ann								
					Death of the Children	when reinstating)		DATE		
1) .	i i i i i i i i i i i i i i i i i i i	1	incable. (NOTE:)	Hegistered Agent signat	ure required	when roinstating)	<u> </u>	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees		Make chec	k payable t	
	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND E		9. Election Camp	paign Financing		\$5.00 May B Added to Fees		Make chec orida Depa	IRECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 BIGHING OFFICER OR DIRECTOR

<u> 850-968-583</u> Daytime Phone #