

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47954

FILED
Mar 31, 2009
Secretary of State

Entity Name: ROSEWOOD OF FALLING WATERS, INC.

Current Principal Place of Business:

4610 CHANTELLE DRIVE
P204
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

SUPERIOR MANAGEMENT CO
8306 LAUREL LK WY
NAPLES, FL 34119

New Mailing Address:

4610 CHANTELLE DRIVE
P204
NAPLES, FL 34112

FEI Number: 65-0333645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNING POINT PROPERTY MGMT. LLC
4610 CHANTELLE DRIVE
P204
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALEXANDER, PAUL
Address: 2405 HIDDEN LAKE DRIVE #3
City-St-Zip: NAPLES, FL 34112

Title: VP/T () Delete
Name: ZITANI, RICHARD
Address: 1650 WINDY BONES DRIVE #1
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: PELLEGRINO, ROSEMARIE
Address: 1615 WINDY PINES DRIVE #6
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: JAKOBOWSKI, JOYCE
Address: 1615 WINDY PINES DRIVE #6
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: STEELE, GERALD
Address: 1645 WINDY PINES DRIVE #7
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ALEXANDER

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date