

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90406 028 ****61.25

DOCUMENT # N49379

1. Entity Name

ROSE INDUSTRIAL PARK PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business

529 VERSAILLES DR
#200
MAITLAND FL 32751
US

Mailing Address

529 VERSAILLES DR
#200
MAITLAND FL 32751
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCULLY, W.E.
1503 W SMITH ST
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name **RALPH SINGLETON**
Street Address (P.O. Box Number is Not Acceptable)
529 VERSAILLES DR.
SUITE 200
City **MAITLAND** **FL** Zip Code **32751**

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.

Ralph Singleton
RALPH Singleton

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **MCCULLY, W.E.**
STREET ADDRESS **1503 W SMITH ST**
CITY- ST- ZIP **ORLANDO FL**

TITLE **TD** ☐ Delete
NAME **SINGLETON, RALPH D.**
STREET ADDRESS **529 VERSAILLES DR., SUITE 200**
CITY- ST- ZIP **MAITLAND FL**

TITLE **PD** ☐ Delete
NAME **DOERR, JOSEPH B.**
STREET ADDRESS **8251 N ORANGE BLOSSOM TR**
CITY- ST- ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **S/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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

Ralph Singleton
RALPH Singleton

4/15/04

Date

407-644-9811

Daytime Phone #