


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

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	

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DO NOT WRITE IN THIS SPACE

02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SINGLETON, RALPH
529 VERSAILLES DR.
SUITE 200
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

3. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SINGLETON, RALPH D. 529 VERSAILLES DR., SUITE 200 MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOERR, JOSEPH B. 8251 N ORANGE BLOSSOM TR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/14/05-80013-017 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #

RALPH SINGLETON, 2/9/05 407-644-984