


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000213

1. Entity Name
 ROSEDALE MASTER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

5100 87TH STREET E. 5100 87TH STREET E.
 BRADENTON, FL 34202 US BRADENTON, FL 34202 US

DO NOT WRITE IN THIS SPACE



02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 65-0400686 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, PATRICK
 5100 87TH STREET EAST
 BRADENTON, FL 34202

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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	PTD EMIGH, GARY 5100 87TH STREET E. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DEBAY, LARRY 5100 87TH STREET E. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLIFKA, ROBERT 5100 87TH STREET E. BRADENTON, FL 34202
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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: Gary Emigh 3/7/06 (941) 758-2424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #