FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000215 (5)

1. Corporation Name
ROSEDALE VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3603 CLARK RD. SARASOTA FL 34233	P.O. BOX 19465 SARASOTA FL 34276

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1992
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0400687 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8725 53 Terrace East	26 P.O Box 20607
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Bradenton, FL	28 City & State: Bradenton, FL.
24 Zip: 34202 25 Country: Manatee	29 Zip: 34203-0607 30 Country: Manatee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOGAN, PATRICK 3603 CLARK RD. SARASOTA FL 34233	81 Name: Kevin Killoran 82 Street Address (P.O. Box Number is Not Acceptable): 8725 53 Terrace East 83 84 City: Bradenton FL 85 Zip Code: 34202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kevin Killoran — 4/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	EMIGH, GARY	1.2 NAME	D P Kevin Killoran	
STREET ADDRESS	P.O. BOX 19465 N/A	1.3 STREET ADDRESS	8725 53 Terrace East	
CITY-ST-ZIP	SARASOTA FL 34276	1.4 CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	PSD	2.1 TITLE	V V-President	☒ Change ☐ Addition
NAME	HOGAN, PATRICK	2.2 NAME	D Jim Schuetter	
STREET ADDRESS	P.O. BOX 19465 N/A	2.3 STREET ADDRESS	8733 53 Terrace East	
CITY-ST-ZIP	SARASOTA FL 34276	2.4 CITY-ST-ZIP	Bradenton	
TITLE	D	3.1 TITLE	V V-President	☒ Change ☐ Addition
NAME	ROSS, RICHARD E	3.2 NAME	D Dennis Shannon	
STREET ADDRESS	P.O. BOX 19465 N/A	3.3 STREET ADDRESS	8732 53 Terrace East	
CITY-ST-ZIP	SARASOTA FL 34276	3.4 CITY-ST-ZIP	Bradenton FL 34202	
TITLE		4.1 TITLE	S Secretary	☒ Change ☐ Addition
NAME		4.2 NAME	D Mary Lou Leininger	
STREET ADDRESS		4.3 STREET ADDRESS	8746 53 Terrace East	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		5.1 TITLE	T Treasurer	☒ Change ☐ Addition
NAME		5.2 NAME	D Sherry Podolak	
STREET ADDRESS		5.3 STREET ADDRESS	8718 53 Terrace East	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME	$87627 REMITTED BY MAY 1	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin Killoran President 4/10/95 813-624-9639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q94A076