

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N92000000215 (5)**

1. Corporation Name

ROSEDALE VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**8725 53 TERRACE EAST
BRADENTON FL 34202
US**

Mailing Address

**P.O. BOX 20607
BRADENTON FL 34203-0601
US**

3. Date Incorporated or Qualified
11/04/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KILLORAM, KEVIN
8725 53 TERRACE EAST
BRADENTON FL 34202**

10. Name and Address of New Registered Agent

81 Name

KEVIN KILLORAM

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

KEVIN KILLORAM

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **KILLORAM, KEVIN**
STREET ADDRESS **8725 53 TERRACE EAST**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **DV** ☒ DELETE
NAME **SCHLUETER, JIM**
STREET ADDRESS **8733 53 TERRACE EAST**
CITY-ST-ZIP **BRADENTON FL**

TITLE **DV** ☒ DELETE
NAME **SHANNON, GERALD**
STREET ADDRESS **8732 53 TERRACE EAST**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **DT** ☐ DELETE
NAME **PODOLAK, SHERRY**
STREET ADDRESS **8718 53 TERRACE EAST**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **SD** ☐ DELETE
NAME **LEININGER, MARY LOU**
STREET ADDRESS **8746 53 TERRACE EAST**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **KILLORAM, KEVIN**
1.3 STREET ADDRESS **8725 53 TERRACE EAST**
1.4 CITY-ST-ZIP **BRADENTON FL 34202**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **JAMES OAKLEY**
2.3 STREET ADDRESS **8729 53 TERRACE EAST**
2.4 CITY-ST-ZIP **BRADENTON FL 34202**

3.1 TITLE **DV** ☒ Change ☐ Addition
3.2 NAME **GREENE, JIM**
3.3 STREET ADDRESS **8737 53 TERRACE EAST**
3.4 CITY-ST-ZIP **BRADENTON, FL 34202**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 KILLORAM President

4/23/96

941.624.9699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)