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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000215**

1. Corporation Name

ROSEDALE VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8725 53 TERRACE EAST BRADENTON FL 34202 US	P.O. BOX 20607 BRADENTON FL 34203-0601 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/04/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0400687 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34204-0607 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KILLORAN, KEVIN
8725 53 TERRACE EAST
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KILLORAN, KEVIN		1.2 NAME		
STREET ADDRESS	8725 53 TERRACE EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OAKLEY, JAMES		2.2 NAME		
STREET ADDRESS	8729 53 TERRACE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOSSOM, JACK		3.2 NAME		
STREET ADDRESS	8744 53 TERRACE E		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	OBERGFELL, ALLEN		4.2 NAME	PODKUL, WALTER	
STREET ADDRESS	8742 53 TERRACE E		4.3 STREET ADDRESS	8712 53RD TERRACE E.	
CITY-ST-ZIP	BRADENTON FL 34202		4.4 CITY-ST-ZIP	BRADENTON FL. 34202	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEININGER, MARY LOU		5.2 NAME		
STREET ADDRESS	8746 53 TERRACE EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/28/99 941-624-9639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #