
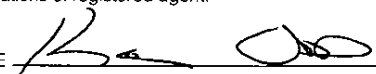
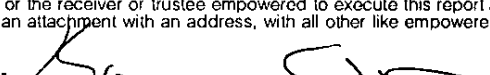


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90047 003 \*\*\*\*61.25

<b>DOCUMENT # N93000001514</b> 1. Entity Name <b>ROSE RIDGE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2547 ROSE RIDGE CIRCLE ORLANOD FL 32839-2583 US</b>		Mailing Address <b>2547 ROSE RIDGE CIRCLE ORLANDO FL 32839-2583 US</b>			
2. Principal Place of Business - No P.O. Box # <b>2562 Rose Ridge Circle</b>		3. Mailing Address <b>2562 Rose Ridge Circle</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3169219</b>	
Zip <b>32839</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FORD, MICHAEL W 2547 ROSE RIDGE CIRCLE ORLANOD FL 32839</b>		7. Name and Address of New Registered Agent Name <b>Karen Avis</b> Street Address (P.O. Box Number is Not Acceptable) <b>2562 Rose Ridge Circle</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32839</b>			
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  DATE <b>1-26-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPVD MOA, JUAN 2558 ROSE RIDGE CIR ORLANDO FL 32839</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD FORD, MICHAEL W 2547 ROSE RIDGE CIRCLE ORLANDO FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD Karen Avis 2562 Rose Ridge Circle Orlando FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GARCIA, AURELIO JR 2535 ROSE RIDGE CIRCLE ORLANDO FL 32839</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					