

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000001514	
1. Entity Name ROSE RIDGE HOMEOWNERS' ASSOCIATION, INC.	
Principal Place of Business 2562 ROSE RIDGE CIRCLE ORLANOD, FL 32839-2583 US	Mailing Address 2562 ROSE RIDGE CIRCLE ORLANOD, FL 32839-2583 US



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3169219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

AVIS, KAREN
2562 ROSE RIDGE CIR.
ORLANOD, FL 32839

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, 2008**

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	VPVD MOA, JUAN 2558 ROSE RIDGE CIR ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD AVIS, KAREN 2562 ROSE RIDGE CIR ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, AURELIO JR 2535 ROSE RIDGE CIRCLE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000775333
01/08/08-80026-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Karen Avis 1.4.08 407 851 3417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #