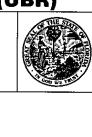
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300001514

1. Entity Name

ROSE RIDGE HOMEOWNERS' ASSOCIATION, INC.



## **FILED** Mar 12, 2003 8:00 am § Secretary of State

03-12-2003 90135 028 \*\*\*\*61.25

						OWE.				
Principal Place of Business 2547 ROSE RIDGE CIRCLE ORLANOD FL 32839-2583 US			Mailing Address 2547 ROSE RIDGE CIRCLE ORLANDO FL 32839-2583 US				1 128 11/81 818 7810	4* * - * * 18 Hali 88ha 88ha 88ha 88ha	BRIGE (1806 Dilate)	 
2. Principal Place of Business 3				3. Mailing Address						
Suite, Apt. #, etc.				uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			· .	00 0 1002 10			pplied For ot Applicable
Zip Country			Zip			try	5. Certificate of Star	tus Desired	\$8.75 Ad	ditional
6. Name and Address of Current R				ed Agent	1		7. Name and Address of New Registered Agent			
FORD, MICHAEL W 2547 ROSE RIDGE CIRCLE ORLANOD FL 32839						Street Address (P.O. Box Number is Not Acceptable)				
					r	City		F	Zip Cod	le
the obligation of the obligati	tions of registi	submits this statement for ered agent. or printed name of registered agent					ired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25				<ol><li>Election Can Trust Fund C</li></ol>			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	Trascus	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGES	S TO OFFICERS AND D	DIRECTORS IN	J 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO	E RIDGE CIR		☐ Delete	TITLE NAME STREET CITY-S	ADORESS 1-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO	E RIDGE CIRCLE		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS 1-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS <sup>*</sup> CITY-ST-ZIP	PD GARCIA, A 2535 ROSE ORLANDO	RIDGE CIRCLE		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS I-ZIP			Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP			☐ Change	☐ Addition
TITLE Name Street address City-St-Zip				□ Delete	TITLE NAME STREET	ADDRESS - 2IP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET	ADDRESS - ZIP		·	☐ Change	☐ Addition

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 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:

3-8-2003

407-857-0597