## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9500001736

## ROSEDALE 6-A HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 5100 87TH ST., E

Mailing Address

**BRADENTON FL 34202** 

PO BOX 20521 BRADENTON FL 34204-0521

2. Principal Place of Business 3. Mailing Address

**FILED** May 23, 2000 8:00 am Secretary of State

05-23-2000 90270 025 \*\*\*\*61.25

**UUUUUUUU** 



City & Siste	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent  F. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  F. Name and Address of New Registered Agent  Name  Severi Address (P.O. Box Number is Not Acceptable)  Severi Address (P.O. Box Number is Not Acceptable)  City  F. Zip Code  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE  ### ### ### ### ### ### ### ### ### #	City & State	<del></del>		City & State	City & State			4. FEI Number 65-0577052				<del></del>	1
HARTMANN, ALBERT SO46 88TH ST E BRADENTON FL 34202  SIGNATURE  FILE NOW: SUBMAN SHADE  FILE NOW: SUBMA	Zip		Country	Zip	Co	untry		5. Certificate			\$8.75 Ac	lditional	
HARTMANN, ALBERT SO46 88TH ST E BRADENTON FL 34202  SIGNATURE  FILE NOW: SUBMAN SHADE  FILE NOW: SUBMA	<del></del>	Ь	7. Name and Address of New Registered Agent										
RATHMANN, ALDERT BRADENTON FL. 34202  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.  SIGNATURE HAS THAT MAN  Signature, typed or admitted read of the september (NOTE Inegistered Apert agentus reades are newtoning)  FILE NOW:  FILE NOW:  FILE NOW:  FEE IS \$61.25  OFFICERS AND DIRECTORS  Trust Fund Contribution.  OFFICERS AND DIRECTORS IN 10  TITLE  MAKE  HARTMANN, ALBERT  HARTMANN, ALBERT  HARTMANN, ALBERT  NAME  HARTMANN, ALBERT  HORD  OFFICERS AND DIRECTORS IN 10  TITLE  WPD  Obelde  TITLE  WPD  Obelde  TITLE  WPD  Obelde  TITLE  WPD  Obelde  TITLE  WRATH ANDRESS  STRETA ADDRESS  STRETA													
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 Fiorida.  SIGNATURE  ###################################	5046 88TH	ST E				Street Address (P.O. Box Number is Not Acceptable)							
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Indicated on this report of suppliemental 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 trusted 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 attachmentwith an address, with all other like empowered.

SIGNATURE: