2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

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1. Entity Name
ROSEDALE 6-A HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5100 87TH ST., E BRADENTON, FL 34211 US	PO BOX 20521 BRADENTON, FL 34204 US

07082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0577052
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMANN, ALBERT
5046 88TH ST E
BRADENTON, FL 34211

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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARTMAN, ALBERT
STREET ADDRESS	5046 88TH ST E
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	VPD
NAME	REISER, ROBERT M
STREET ADDRESS	5105 88TH STREET EAST
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	SATD
NAME	SYMONS, JAMES
STREET ADDRESS	4942 88TH ST E
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	TD
NAME	SCHLEG, EDWARD
STREET ADDRESS	4931 88TH STREET E
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	BM
NAME	GOLDMAN, MITCHELL
STREET ADDRESS	4935 88TH ST E
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/05-80001-017 61.25

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12. 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: Albert T. Hartmann President 7/8/05 941-727-4578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #