


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90046 041 \*\*\*\*61.25

<b>DOCUMENT # N95000001740</b> 1. Entity Name ROSEDALE 6-B HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 20363 BRADENTON, FL 34204 US			Mailing Address PO BOX 20363 BRADENTON, FL 34204 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  MURPHY, J. DENNIS 8762 49TH TERR E BRADENTON, FL 34211				7. Name and Address of New Registered Agent Name <u>Lesperance Pamela</u> Street Address (P.O. Box Number is Not Acceptable) <u>8766 49th Terrace E</u> City <u>Bradenton</u> FL Zip Code <u>34211</u>	
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 am familiar with, and accept the obligations of registered agent  SIGNATURE <u>Pamela Lesperance, Secretary (Pamela Lesperance)</u> <u>1/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, EDWARD 8722 49TH TERR E BRADENTON, FL 34211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Murphy, J. Dennis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8762 49th Terrace E Bradenton, FL 34211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLIFKA, ROBERT 8705 49TH TERR E BRADENTON, FL 34211	<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	TD SLIFKA, ROBERT. 8705 49TH TERRACE EAST BRADENTON, FL 34211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. washo, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6872 Uppingham Rd. Fayetteville, NC 28306-2510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRITT, GRETA 8721 49TH TERRACE EAST BRADENTON, FL 34211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Naylor, Mary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8717 49th Terrace E Bradenton FL 34211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSENBERG, DOLPH 8750 49TH TERRACE E. BRADENTON, FL 34211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Lesperance Pamela <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8766 49th Terrace E. Bradenton FL 34211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, J. DENNIS 8762 49TH TERR E BRADENTON, FL 34211	<input checked="" 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 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: <u>Pamela Lesperance</u> <u>Pamela Lesperance</u> <u>1/17/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					