
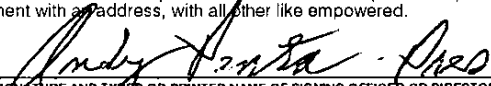


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90218 020 \*\*\*\*61.25

<b>DOCUMENT # N96000006017</b>							
<b>1. Entity Name</b> ROSEWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.							
<b>Principal Place of Business</b> 10730 US 19 STE 17 PORT RICHEY FL 34668			<b>Mailing Address</b> 10730 US 19 STE 17 PORT RICHEY FL 34668				
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3428522 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  QUALLIFIED PROPERTY MANAGEMENT INC 10730 US 19 PORT RICHEY FL 34668			<b>7. Name and Address of New Registered Agent</b>				
Name			Street Address (P.O. Box Number is Not Acceptable)				
City			FL Zip Code				
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when remitting) DATE _____							
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
<b>TITLE</b> PD <b>NAME</b> BOYCE, M D <b>STREET ADDRESS</b> 8201 RIVER RIDGE BLVD. <b>CITY-ST-ZIP</b> NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> Penta, Andy <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>TITLE</b> VD <b>NAME</b> REYNOLDS, B J <b>STREET ADDRESS</b> 8201 RIVER RIDGE BLVD. <b>CITY-ST-ZIP</b> NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> VD <b>NAME</b> Kennedy, James <b>STREET ADDRESS</b> 10730 U.S. 19 Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>TITLE</b> STD <b>NAME</b> WILLIAMSON, DOAN <b>STREET ADDRESS</b> 8201 RIVER RIDGE BLVD. <b>CITY-ST-ZIP</b> NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> SD <b>NAME</b> Saber, Martine <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete	<b>TITLE</b> TD <b>NAME</b> Lamerton, Susan <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Kinberg, Bev <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Schouten, Joanne <b>STREET ADDRESS</b> 10730 U.S. 19, Suite 17 <b>CITY-ST-ZIP</b> Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
<b>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.</b>							
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;">                         4/12/05 857-1193                          Daytime Phone #                     </div>							