# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90029 036 \*\*\*\*61.25

DOCUMENT	ʻ# N9	60000	006017
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1. Entity Name

ROSÉWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.



5901 U.S. 19 8249 Kristel Cir 5001 U

40078033



### DO NOT WRITE IN THIS SPACE

02212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-34<del>26522</del> 36/0905 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Tampa Bay Property Management 8249 Kristel Circle Port Richey, FL 34668

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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 accer
	the obligations of registered agent.	·

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25 Due by May 1, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE 7739 Provan NAME STREET ADDRESS CITY-ST-ZIP TITLE DONLON, BILL 5801-U.S. 19-7930 Star NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE LAMERTON, SUSAN 5901 U.S. 19 7826 Bangal J NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE SCHOUTEN, JOANNE 5904 US-40 784/ Primil NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME 7850 sto STREET ADDRESS 5901 U.S. 19 CITY-ST-ZIP NEW PORT RICHEY, FL 3465 STREET ADDRESS NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

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: Delety King Long Director 4/18/08

Date

Daytime Phone #

ATTACHMENT

#196000006017

Additional Name for Rosewood at River Ridge HOA:

D Rick Paul 7905 Oregold Dr. New Port Richey, FL 34652

U.S. Income Tax Return # N96009 CMB No. 4848-6127 for Homeowners Associations 2007

Form 1120-H

Department of the Treasury Internal Revenue Service

For c	alendar y	ear 2007 or tax year beginning		, 2007, and e	nding		, 20	
	Na	ıme			Employer id	entification	number (see instructions)	
Use						3610905		
labe		ROSEWOOD AT RIVER RIDGE H.O.A., INC. 59-361090  Number, street, and room or suite no. (If a P.O. box, see instructions.)  Date association form				······································		
Oth	er-   🦯	249 KRISTEL CIRC		3.13.7			•	
wis prin		y or town, state, and ZIP code	`TE		11/2	5/96		
type	_ 1		24660					
		ORT RICHEY, FL		(a) [ <del>V</del> ] 1-1-	<u>.</u>		/4\	
Chec			(2) Name change		ress change		(4) Amended return	
_ <u>A</u> _	<u>-</u>		Condominium management associ		dential real estat			
В		empt function income. Must mee				· ·	92,800.	
C -		penditures made for purposes d	· ·		•	_	<u>73,550.</u>	
D		on's total expenditures for the ta	• •			·	72,316.	
<u>E</u>	Tax-exe	mpt interest received or accrued					E	
-			oss Income (excluding exe		<del></del>			
1	_	S					1	
2		interest					<u>2</u> 97.	
3		nts				<b>├</b>	3	
4		yalties				<del></del>	4	
5		ain net income (attach Schedul				· · · · · · · · · · · · · · · · · · ·	5	
6	Net gain	or (loss) from Form 4797, Part I	l, line 17 (attach Form 4797)				6	
7	Other inc	come (excluding exempt function	n income) (attach schedule)			<i></i> <u> </u>	7	
8	Gross in	come (excluding exempt functi					<b>8</b> 97.	
		Deductions (directly	connected to the production of	gross income, ex	cluding exemp	ot function in	ncome)	
9	Salaries	and wages				<u></u>	9	
10	Repairs a	and maintenance				<u>  1</u>	0	
11	Rents					<u>1</u>	1	
12	Taxes ar	d licenses				<u>1</u>	2	
13	Interest .					<u>.</u> 1	3	
14		tion (attach Form 4562)						
15	Other de	ductions (attach schedule)				<u>  1</u>	5 1,234.	
16	Total de	ductions. Add lines 9 through 1	5			<u>1</u>	6 1,234.	
17	Taxable	income before specific deductio	n of \$100. Subtract line 16 from	1 line 8		<u>1</u>	7 -1,137.	
18	Specific	deduction of \$100	<u> </u>			1	8 \$100.00	
SBA		nt 2007 Saxon Tax Software		· <del></del> -				
19		income. Subtract line 18 from li					9 0.	
20	Enter 30°	% of line 19. (Timeshare associa	itions, enter 32% of line 19.)			<u>  2</u>	0.	
21	Tax cred	its (see instructions)				<u>. 2</u>		
22		. Subtract line 21 from line 20.		certain credits .		2	2 . 0.	
23	Paymen	ts: a 2006 overpayment credited to 2007	23a		A section of the	19.0		
		b 2007 estimated tax payments	23b	c Total ▶ 23c	ļ <u></u>		<u> </u>	
		d Tax deposited with Form		23d				
		e Credit for tax paid on und	distributed capital gains (attach	Form 2439) 23e		3		
		f Credit for Federal tax on t	uels (attach Form 4136)	23f				
			f . , ,				3g	
24	Amount	owed. Subtract line 23g from li	ne 22. See instructions for depo	ository method of	tax payment.	2	24	
25	Overpa	yment Subtract line 22 from l	ine 23g . ,			<u>2</u>	25	
26	Enter am	ount of line 25 you want: Credi	ted to 2008 estimated tax 🕨				26	
	Under it is tru	penalties of perjury, I declare that I ha e, correct, and complete. Declaration	ve examined this return, including acc af preparer (other than taxpayer) is ba	companying schedule ised on all information	s and statements n of which prepar	and to the be	est of my knowledge and belief, owledge.	
Sig	n  /	(SH) II	1 delistados	10	`	<b>-</b> [	May the IRS discuss this return with the preparer	
Her	'e  <b>⊾</b> ⊻	premen	1 12//3/08 b	V presc	dent		shown below (see	
	J <b>F</b> sįģ	pature of officer	Date /	Ťitle	<u> </u>	Ļ	instructions)? X Yes No	
Paid	, 7	Preparer's	100	Date		,	Preparer's SSN or PTIN	
		signature Walland	Merres, UA	03/11/0		-	037-30-7956	
	oarer's	Firm's name (or yours WM	. R. DEMERS & CC	., CPA'S	, PA	EIN 5	9-3404735	
use	Only	if self-employed), 82				Phone no.	7071060 2011	
		address, and ZIP code HU	DSON, FL 34667			( )	727)862-3011	