

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2011
Secretary of State

Entity Name: ROSEWOOD POINTE GARDEN "B" ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3495156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCDONALD, KEN
Address: 9660 ROSEWOOD POINTE TERR. #101
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP
Name: SCHMELER, ED
Address: 9640 ROSEWOOD POINTE TERR #104
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S
Name: SIMS, JOHNNIE
Address: 9680 ROSEWOOD POINTE TERR #103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T
Name: VIRGINIA, TILL
Address: 9660 ROSEWOOD PT. TERR #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: SULLIVAN, DENIS
Address: 9680 ROSEWOOD POINTE TERRACE, #106
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS F LIVELY

RA

04/19/2011

Electronic Signature of Signing Officer or Director

Date