

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005888

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** ROSEWOOD POINTE GARDEN "A" ASSOCIATION, INC.

**Current Principal Place of Business:**

6312 TRAIL BLVD.  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

6312 TRAIL BLVD.  
NAPLES, FL 34108 US

**New Mailing Address:**

C/O ABILITY MANAGMENT  
P.O. BOX 770278  
NAPLES, FL 34107 US

**FEI Number:** 59-3495151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIVELY, DENNIS F  
6312 TRAIL BLVD.  
NAPLES, FL 34108 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: PD ( ) Delete  
Name: MACARELLA, LILLIAN  
Address: 9740 ROSEWOOD POINTE CT. #104  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D ( ) Delete  
Name: PIETROFITTA, ELEANORE  
Address: 9740 ROSEWOOD POINTE CT. #101  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D ( ) Delete  
Name: ELLIOTT, PHIL  
Address: 9720 ROSEWOOD POINTE CT. #103  
City-St-Zip: BONITA SPRINGS, FL 34135 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MACCARELLA, LILLIAN  
Address: 9740 ROSEWOOD POINTE CT. #104  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D (X) Change ( ) Addition  
Name: STEWART, ROBERT  
Address: 9700 ROSEWOOD POINTE CT. #104  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** LILLIAN MACCARELLA

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04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date