

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005888

FILED
Apr 15, 2009
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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: DENNIS F. LIVELY

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: MACCARELLA, LOU
Address: 9740 ROSEWOOD PT. CT. #204
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D () Delete
Name: LUSTRO, ROBERT
Address: 9740 ROSEWOOD PT. CT. #201
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACCARELLA, TONY
Address: 9740 ROSEWOOD POINTE CT. #204
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: T (X) Change () Addition
Name: SMILEY, JAMES
Address: 9740 ROSEWOOD PT. CT. #103
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP (X) Change () Addition
Name: LUSTRO, ROBERT
Address: 9740 ROSEWOOD PT. CT. #201
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS F. LIVELY

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

Date