

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005890

FILED
Apr 12, 2007
Secretary of State

Entity Name: ROSEWOOD POINTE GARDENS COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

6312 TRAIL BLVD.
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3495155 **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: MULLERSMAN, STEVEN J
Address: 2190 J&C BLVD
City-St-Zip: NAPLES, FL 34109 US

Title: VTD () Delete
Name: MARTENY, NELSON K
Address: 2190 J&C BLVD
City-St-Zip: NAPLES, FL 34109 US

Title: SD () Delete
Name: DIAZ, MARIA T
Address: 2190 J&C BLVD
City-St-Zip: NAPLES, FL 34109 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: SIMMS, JOHN
Address: 9680 ROSEWOOD POINTE TERR, #103
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D (X) Change () Addition
Name: MAURIELLO, TONY
Address: 28271 LISBON CT, # 3011
City-St-Zip: BONITA SPRINGS, FL 34135 US

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

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date