2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000005890



FILED Apr 17, 2008 8:00 am Secretary of State 04-17-2008 90038 006 ****61.25

1. Entity Name ROSEWO ASSOCIA	OD POI	NTE GARDENS CO IC.	OMMONS				'	04-17-200	9003	8 000	01	.23
Principal Place of Business 6312 TRAIL BLVD. NAPLES, FL 34108 US			Mailing Address C/O ABILITY MANAGEMENT P.O. BOX 770278 NAPLES, FL 34107 US				007V					
2. Principal P	lace of Busin	iess - No P.O. Box #	3. Mailing Address	•								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			031	03192008 Chg-NP CR2E037 (12/06)						
City & State			City & State				4. FEI Number 59-3495155					pplied For lot Applicable
Zip		Country	Zip	Co	untry	5 . 0	Certificate o	Status Desir	ed[8.75 Ad ee Requir	
	6. Name	and Address of Current I	Registered Agent			7. N	ame and A	ddress of Ne	ew Regist	ered A	gent	
LIVELY, DI 6312 TRAI NAPLES, F	L BLVD.				Street Ad	ddress (P.O. B	ox Number	is Not Accep	table)			
					City					FL	Zip Cod	de
	tions of regist	y submits this statement for tered agent. or printed name of registered agent to				registered ag	•	, in the State		l am fa	arniliar with	, and accept
	_		I	on Campaign I Fund Contribu		\$5.0 Adde	00 May Be d to Fees				payable ment of \$	
10.	Due by N		Trust		ition. [∐ Adde	d to Fees	NGES TO OF	Florida [Depart	ment of \$	State N 10
TETLE	PD PD	OFFICERS AND DIF	Trust	Fund Contribu	LE D	ADDIT	d to Fees IONS/CHAI	NGES TO OF	FICERS A	Depart	ECTORS I	N 10 Addition
TITLE NAME	PD MACCAR	Aay 1, 2008 OFFICERS AND DIF	Trust	Fund Contribu	LE D	ADDIT	d to Fees IONS/CHAI	NGES TO OF	FICERS A	Depart	ECTORS I	N 10 Addition
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TITLE NAME STREET ADDRESS	PD MACCAR 9740 ROS BONITA S	OFFICERS AND DIF DELLA, LILLIAN SEWOOD POINTE CT, SPRINGS, FL 34135	Trust	Fund Contribu 11. 3 IIII NAM STR CIT'	LE D ME REET ADDRESS Y-ST-ZIP	ADOIT ED. 9640 Ron	ONS/CHAI SCH ROS	MELE SEWOOD	FICERS A	Depart	ECTORS I Change	N 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MACCAR 9740 ROS BONITA S D SIMMS, J 9680 ROS	OFFICERS AND DIFFICERS AND DIF	Trust PECTORS Delete #104	Fund Contribu	LLE D ME REET ADDRESS Y-ST-ZIP LE D ME REET ADDRESS Y-ST-ZIP	ADOIT ED Q640 RON ED 3	ONS/CHAI SCH OROS ITA CHUI ORO	NELE NELE SEWOO SAZIA	FIORIDA I	Pepart ND DIR FL H	ECTORS I Change ERR 34 Change	N 10 Addition Addition Addition Addition
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The Day Centry into the mormation supplied with this filling goes not quality 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR