

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005890

FILED  
Apr 15, 2009  
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:**

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

**Current Mailing Address:**

C/O ABILITY MANAGEMENT  
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: 59-3495155

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:**

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: SCHMELER, ED  
Address: 9640 ROSEWOOD PT #104  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D ( ) Delete  
Name: SHUTTLEWORTH, ED  
Address: 26740 ROSEWOOD PT LANE #201  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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

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

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

Title: D (X) Change ( ) Addition  
Name: PRESTON, MIKE  
Address: 26660 ROSEWOOD PT CIRCLE, #106  
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