


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90007 015 ****61.25

DOCUMENT # N98000007190											
1. Entity Name ROSEDALE 5-E HOMEOWNERS' ASSOCIATION, INC.											
Principal Place of Business PO BOX 20982 BRADENTON, FL 34205		Mailing Address PO BOX 20982 BRADENTON, FL 34204-0982									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 65-0886315							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent								
MEGUIRE PRATT MASIO FARRANCED RICE PA 1001 3RD AVE W. STE 600 BRADENTON, FL 34205			Name								
			Street Address (P.O. Box Number is Not Acceptable)								
			City								
			FL								
			Zip Code								
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____											
<table border="0"> <tr> <td>Filing Fee is \$61.25 Due by May 1, 2006</td> <td>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></td> <td>\$5.00 May Be Added to Fees</td> <td colspan="3">Make check payable to Florida Department of State</td> </tr> </table>						Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State		
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	DARCENE, ALLISON		NAME	ALLISON, DARCENE							
STREET ADDRESS	52ND AVE E		STREET ADDRESS	8751 52ND AVE. E.							
CITY ST ZIP	BRADENTON, FL 34211		CITY ST ZIP	BRADENTON, FL 34211							
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	MARTIN, JUDY		NAME								
STREET ADDRESS	8762 52ND AVE. E.		STREET ADDRESS								
CITY ST ZIP	BRADENTON, FL 34211		CITY ST ZIP								
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	RIDDLE, FRED		NAME	Dewey, Dave							
STREET ADDRESS	8743 52ND AVE E		STREET ADDRESS	8738 52ND AVE. E.							
CITY ST ZIP	BRADENTON, FL 34211		CITY ST ZIP	BRADENTON, FL 34211							
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	LUMSDEN, ROBERT		NAME	DOBRES, Robert							
STREET ADDRESS	8719 52ND AV E		STREET ADDRESS	8734 52ND AVE. E.							
CITY ST ZIP	BRADENTON, FL 34211		CITY ST ZIP	BRADENTON, FL 34211							
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME			NAME	EARLE, RICHARD							
STREET ADDRESS			STREET ADDRESS	8722 52ND AVE. E.							
CITY ST ZIP			CITY ST ZIP	BRADENTON, FL 34211							
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY ST ZIP			CITY ST ZIP								
12. I hereby certify that the information supplied with this filing does not qualify 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: <i>Robert J. Dobras</i> Robert J. DOBRAS 1-30-06 9417583025											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											