


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90045 009 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0886315				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, DARCENE			NAME	
STREET ADDRESS	8751 52ND AVE E.			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34211			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSGOOD, PETER			NAME	
STREET ADDRESS	8743 52ND AVE EAST			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34211			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWEY, DAVE			NAME	Art, Susan
STREET ADDRESS	8738 52ND AVE E			STREET ADDRESS	8723 52nd Ave E
CITY-ST-ZIP	BRADENTON, FL 34211			CITY-ST-ZIP	Bradenton, FL 34211
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBRA, ROBERT			NAME	Ponchale, Robert
STREET ADDRESS	8734 52ND AVE E			STREET ADDRESS	8715 52nd Ave E.
CITY-ST-ZIP	BRADENTON, FL 34211			CITY-ST-ZIP	Bradenton, FL 34211
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE, RICHARD			NAME	
STREET ADDRESS	8722 52ND AVE E			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34211			CITY-ST-ZIP	
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>Peter B. Osquoz</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>3/10/08</i> Daytime Phone #: <i>941 727 1966</i>	