

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007190

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: ROSEDALE 5-E HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 20982  
BRADENTON, FL 34205

**New Principal Place of Business:**

8743 52ND AVE E  
BRADENTON, FL 34211

**Current Mailing Address:**

PO BOX 20982  
BRADENTON, FL 342040982

**New Mailing Address:**

FEI Number: 65-0886315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEGUIRE PRATT MASIO FARRANCED RICE PA  
1001 3RD AVE W. STE 600  
BRADENTON, FL 34205 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: SD ( ) Delete  
Name: ALLISON, DARCENE  
Address: 8751 52ND AVE E.  
City-St-Zip: BRADENTON, FL 34211

Title: TD ( ) Delete  
Name: OSGOOD, PETER  
Address: 8743 52ND AVE EAST  
City-St-Zip: BRADENTON, FL 34211

Title: VD ( ) Delete  
Name: SUSAN, ART  
Address: 8723 52ND AVE E  
City-St-Zip: BRADENTON, FL 34211

Title: D ( ) Delete  
Name: PONCHALE, ROBERT  
Address: 8415 52ND AVE E  
City-St-Zip: BRADENTON, FL 34211

Title: PD ( ) Delete  
Name: EARLE, RICHARD  
Address: 8722 52ND AVE E  
City-St-Zip: BRADENTON, FL 34211

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

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

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

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

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

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

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: PETER OSGOOD

TD

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date