

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006017

Entity Name: ROSEWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 29, 2016
Secretary of State
CC8762396106**Current Principal Place of Business:**C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 100
NEW PORT RICHEY, FL 34652**Current Mailing Address:**C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 100
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-3610905****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KELLEY, HELEN
C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 100
NEW PORT RICHEY, FL 34652 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: HELEN KELLEY****04/29/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT
Name ANDERSON, KATHY
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652Title VP
Name SERPA, JOHN
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652Title SECRETARY
Name BARNEY, DENNIS
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652Title DIRECTOR
Name PIECHOCKI, JOSEPH
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652Title DIRECTOR
Name MAGER, ANITA
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652Title TREASURER
Name PIEDMONTE, HELEN
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652Title DIRECTOR
Name LAMBERT, JAMES
Address C/O CREATIVE MANAGEMENT
 6014 US HWY 19 STE 100
City-State-Zip: NEW PORT RICHEY FL 34652

I hereby 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 all other like empowered.

SIGNATURE: DENNIS BARNEY**SECRETARY****04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date