

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005586

**FILED**  
**Feb 18, 2014**  
**Secretary of State**  
**CC6399535268**

**Entity Name:** 1000 ROSES PHASE II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1408 THOUSAND ROSES DR W  
LAKE WALES, FL 33853

**Current Mailing Address:**

1500 THOUSAND ROSES DR. NORTH  
LAKE WALES, FL 33859

**FEI Number:** 59-3599483

**Certificate of Status Desired:** No

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

HAMMACK, MARTHA  
1408 THOUSAND ROSES DR W  
LAKE WALES, FL 33853 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title O  
Name SHEILDS, JEFF  
Address 1501 DILLOWAY DR  
City-State-Zip: MIDLAND MI 48640

Title O  
Name HAMMACK, MARTHA  
Address 1408 THOUSAND ROSES DR W  
City-State-Zip: LAKE WALES FL 33853

Title O  
Name HAWKINS, JACQUELINE  
Address 1441 THOUSAND ROSES DR N  
City-State-Zip: LAKE WALES FL 33853

*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:** JEFF SHEILDS

02/18/2014

Electronic Signature of Signing Officer/Director Detail

Date