

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005586
 1. Entity Name
 1000 ROSES PHASE # HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1500 W. ROSE ST. 1500 W. ROSE ST.
 LAKE WALES, FL 33853 LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE



07142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3599483	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
 GRONDIN, GARY C
 1500 W. ROSE ST.
 LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

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: *[Signature]* DATE: 7-14-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRONDIN, GARY C 455 S. BUCK MOORE RD. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRONDIN, DANIEL M 455 S. BUCK MOORE RD. LAKE WALES, FL 33853
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U00000373175
 07/18/05-80004-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employment.

SIGNATURE: *[Signature]* Date: 7-14-05 Daytime Phone #: 863-626-8140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #