


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90019 041 \*\*\*\*70.00

**DOCUMENT # N99000005586**

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



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

Mailing Address  
**1500 W. ROSE ST.  
 LAKE WALES, FL 33853**

40100000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-3599483**

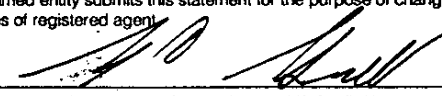
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GRONDIN, GARY C  
 1500 W. ROSE ST.  
 LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent  
 Name **Grondin, Gary C**  
 Street Address (P.O. Box Number is Not Acceptable)  
**455 S. Buck Moore Rd**  
 City **Lake Wales** FL **33853**

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  DATE **7-7-08**

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>D</b>	
NAME	<b>GRONDIN, GARY C</b>	
STREET ADDRESS	<b>455 S. BUCK MOORE RD.</b>	
CITY - ST - ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE	<b>D</b>	
NAME	<b>GRONDIN, DANIEL M</b>	
STREET ADDRESS	<b>455 S. BUCK MOORE RD.</b>	
CITY - ST - ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:  DATE **7-7-08** DAYTIME PHONE # **863-676-8740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR