

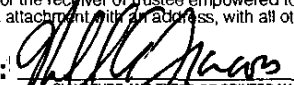


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 025 ****70.00

DOCUMENT # 722915					
1. Entity Name ROSEVIEW GARDEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1131 S.E. 4TH ST., APT. 305 BOYNTON BEACH, FL 33435		Mailing Address 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1574839	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ST. JOHN, CORE, FIORE & LEMME, P.A. 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401			Name: ST JOHN, CORE & LEMME, P.A. Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE SUITE 701 City WEST PALM BEACH, FL Zip Code 33401		
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 		DAVID A. CORE SECRETARY		7.6.2004	
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 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYE, BARBARA		NAME	FRANCOIS, Michael	
STREET ADDRESS	1131 S.E. 4TH ST., #108		STREET ADDRESS	994 Springdale Cir	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Alt Springs, FL 33461	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD - TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAINY, GEORGE		NAME	Gordon, Lucia	
STREET ADDRESS	1131 S.E. 4TH ST., #206		STREET ADDRESS	984 Kamea Cir	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Bch, FL 33434	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOATH, EDNA		NAME	KLAUSZ, CATHY	
STREET ADDRESS	1131 S.E. 4TH ST., #406		STREET ADDRESS	1131 SE. 4th St 307	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Bch, FL 33435	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, MARIAN		NAME	Mehtala, Dennis	
STREET ADDRESS	1131 S.E. 4TH ST., #305		STREET ADDRESS	1131 SE. 4th St 103	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Bch, FL 33435	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESROCHES, MARSHALL		NAME	Weiser, Jane	
STREET ADDRESS	1131 S.E. 4TH ST., #308		STREET ADDRESS	1131 SE. 4th St 303	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Bch, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDEE, RALPH		NAME	Bosher, Anne Marie	
STREET ADDRESS	1131 S.E. 4TH ST., #203		STREET ADDRESS	5569 Descartes Cir.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton, Bch, FL 33437	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		MICHAEL FRANCOIS		7/16/04	
Signature and typed or printed name of signing officer or director				Date	
				54-868-0385	
				Daytime Phone #	

54064126

