2005 NOT-FOR-PROFIT GORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

03-21-2005 90094 006 ****61.25

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DOCUMENT # N00100

1. Entity Name
ROSEWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
9893 THREF LAKES CR

Mailing Address
TRIDENT PROPERTIES MANAGEMENT

9893 THREE BOCA RATOR	E LAKES CR N, FL · 33428 US	TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DRIVE, SUITE #12 BOCA RATON, FL 33487						(CIII	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005 _{CI}	hg-NP C	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-237796	33	I →-	applied For		
Zip	Zip Country Zip		p Country		5. Certificate of St	tatus Desired	\$8.75 Ac	ditional	
	Registered Agent			7. Name and Add	ress of New Regi	<u> </u>			
TRIOENT PROPERTIES MANAGEMENT				Name				-	
	LAND DRIVE		Street Address		ress (P.O. Box Number is I	(P.O. Box Number is Not Acceptable)			
BOCA RA	TON, FL 33487								
				City		<u> </u>	FL Zip Co	de	
8. The above	named entity submits this statement to	r the purpose of changing i	ts registere	ad office or re	gistered agent, or both, in	the State of Florida	a. I am familiar with	, and accept	
the obliga	tions of registered agent.				•				
SIGNATURE	•								
Signations	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registere	d Agent signature r	required when reinstating)	· · ·	DATE	 :_	
Filing Fee is \$61.25 Due by May 1, 2005		 Election Campaign Financing Trust Fund Contribution. 			\$5.00 May Be Added to Fees		e check payable Department of S		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS /	AND DIRECTORS I	N 10	
TITLE	P	RECTORS Delete	TITLE	Į)		AND DIRECTORS I	N 10 Addition	
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TITLE	P		TITLE NAMI STRE	ET ADDRESS	HANSEN A.	Aage alies Cir	☐ Change		
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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:

3/8/05 561-994-5850

Dayrme Phone #