


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90223 025 ****61.25

DOCUMENT # N00100 1. Entity Name ROSEWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9893 THREE LAKES CR BOCA RATON, FL 33428 US			Mailing Address TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DRIVE, SUITE #12 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 9924 Three Lakes Circle Suite, Apt. #, etc.			3. Mailing Address 9924 Three Lakes Circle Suite, Apt. #, etc.		
City & State Boca Raton, FL			City & State Boca Raton, FL		
Zip 33428		Country USA		4. FEI Number 59-2377963	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FIRST CHOICE TRIDENT PROPERTIES MANAGEMENT 6401 CONGRESS AVENUE SUITE #140 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: Randall K. Roger & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd St., #300 City: Boca Raton FL Zip Code: 33487		
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: <i>Randall K. Roger</i> , Randall K. Roger, Pres. Randall K. Roger & Associates, P.A. 3-28-07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P SOLLISH, STACY 9973 THREE LAKES CIRCLE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEELEY, YOLANDA 9861 THREE LAKES CIRCLE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DOWNING, ADRIANE 9863 THREE LAKES CIRCLE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOYES, MICHAEL 9971 THREE LAKES CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Michael J. Noyes Sr. 9889 Three Lakes Circle Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S Rosemarie Falcone 9849 Three Lakes Circle Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wayne Rediker 9901 Three Lakes Circle Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Michael J. Noyes Sr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04.11.07 <small>Date</small>		561.451.9004 <small>Daytime Phone #</small>