


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90030 003 ****61.25

DOCUMENT # N00100 1. Entity Name ROSEWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9924 THREE LAKES CIRCLE BOCA RATON, FL 33428 US			Mailing Address % FLORIDA COMMUNITY MGMT PO BOX 9139 CORAL SPRINGS, FL 33075		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2377963	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD ST., #300 BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PT NOYES, MICHAEL J SR. 9889 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	VPS FALCONE, ROSEMARIE 9849 THREE LAKES CIRCLE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE <i>S/T</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY/TREASURER</i> <i>ADRIANE DOWNING</i> <i>9937 THREE LAKES CIR.</i> <i>BOCA RATON, FL 33428</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDIKER, WAYNE 9901 THREE LAKES CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE <i>P</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <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 <i>VP</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>YOLANDA SEELEY</i> <i>9861 THREE LAKES CIR.</i> <i>BOCA RATON, FL 33428</i> <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	<input 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	<input type="checkbox"/> Change <input 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>Wayne REDIKER</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			15 MAR 08 Date		
Daytime Phone #					