

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09333 (8)**  
1. Corporation Name  
**ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**563 E. ROSEWOOD LANE  
P.O. BOX 124  
TAVARES FL 32778**

3. Date Incorporated or Qualified **05/16/1985** 3a. Date of Last Report **03/23/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>737 E. Rosewood Ln</b>	26 <b>737 E. Rosewood Ln.</b>	<b>59-2644549</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22 <b>PO Box 124</b>	27 <b>PO Box 124</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 <b>TAVARES, FL</b>	28 <b>TAVARES, FL</b>		
Zip	Country		
24 <b>32778</b>	25 <b>USA</b>		
29 <b>32778</b>	30 <b>USA</b>		

9. Name and Address of Current Registered Agent  
**MEADOWS, JOHN W  
12231 DEAD RIVER RD  
TAVARES FL 32778**

10. Name and Address of New Registered Agent  
81 Name **RICHARD MAXWELL**  
82 Street Address (P.O. Box Number is Not Acceptable) **737 E. ROSEWOOD LN.**  
83 **PO BOX 124**  
84 City **TAVARES** FL 85 Zip Code **32778**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard Maxwell*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEADOWS, JOHN	
STREET ADDRESS	PO BOX 1600 N/A	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RENTZ, RUTH	
STREET ADDRESS	1127 HILLCREST ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, BILL	
STREET ADDRESS	570 W. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, SHIRLEY	
STREET ADDRESS	803 E ROSEWOOD LN	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDOWELL, BETTY	
STREET ADDRESS	738 E. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HAVEN, CHARLES	
STREET ADDRESS	563 E ROSEWOOD LN	
CITY-ST-ZIP	TAVARES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAXWELL, RICHARD	
1.3 STREET ADDRESS	737 E. ROSEWOOD LN.	
1.4 CITY-ST-ZIP	TAVARES, FL 32778	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRED D'ANGELO	
2.3 STREET ADDRESS	760 E. ROSEWOOD LN.	
2.4 CITY-ST-ZIP	TAVARES, FL 32778	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BETTY JOZA	
3.3 STREET ADDRESS	769 E. ROSEWOOD LN.	
3.4 CITY-ST-ZIP	TAVARES, FL 32778	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	600001848058	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-06/03/96--01049--024	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Billy RENTZ	
6.3 STREET ADDRESS	1127 HILLCREST CT.	
6.4 CITY-ST-ZIP	EUSTIS, FL <del>32778</del> (32726)	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Billy Rentz* **Billy RENTZ** 3/31/96 (352)-357-0340  
Signature, typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (12/95)