

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09333** (8)

1. Corporation Name

ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

737 E. ROSEWOOD LN
P.O. BOX 124
TAVARES FL 32778

737 E. ROSEWOOD LN
P.O. BOX 124
TAVARES FL 32778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 769 E. Rosewood Ln		26 Suite, Apt. #, etc.		05/16/1985		05/01/1996	
22 P.O. Box 124		27 P.O. Box 124		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2644549		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
32778		Lake		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
29 Zip		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
32778		Lake					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXWELL, RICHARD
737 E. ROSEWOOD LN
P.O. BOX 124
TAVARES FL 32778

81 Name	Betty Joza
82 Street Address (P.O. Box Number is Not Acceptable)	769 E. Rosewood Ln
83	
84 City	Tavares, FL
85 Zip Code	32778

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 Betty Joza Betty Joza Vice-President/Director 07/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	V/D Change <input type="checkbox"/> Addition
NAME	MAXWELL, RICHARD	1.2 NAME	JOZA, BETTY
STREET ADDRESS	737 E. ROSEWOOD LN	1.3 STREET ADDRESS	769 E. ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL 32778	1.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	SD DELETE	2.1 TITLE	D Change <input type="checkbox"/> Addition
NAME	D'ANGELO, FRED	2.2 NAME	MCDOWELL, BETTE
STREET ADDRESS	760 E. ROSEWOOD LN	2.3 STREET ADDRESS	736 E. ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL 32778	2.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOZA, BETTY	3.2 NAME	BRIGGS, DWIGHT
STREET ADDRESS	769 E. ROSEWOOD LN	3.3 STREET ADDRESS	742 W. ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL 32778	3.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, SHIRLEY	4.2 NAME	MCQUINN, RONALD
STREET ADDRESS	803 E ROSEWOOD LN	4.3 STREET ADDRESS	349 E. ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL 32778	4.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MCDOWELL, BETTY	5.2 NAME	
STREET ADDRESS	738 E. ROSEWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	5.4 CITY-ST-ZIP	
TITLE	TD DELETE	6.1 TITLE	
NAME	RENTZ, BILLY	6.2 NAME	
STREET ADDRESS	1127 HILLCREST CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED BETTY JOZA

07/28/97 (352)343-6606

CR2E037 (4/97)