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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 769 E ROSEWOOD LN P.O. BOX 124 TAVARES FL 32778 US	Mailing Address P. P.O. BOX 124 TAVARES FL 32778 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent JOZA, BETTY 769 E ROSEWOOD N TAVARES FL 32778	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 *Betty Joza* **BETTY JOZA, 736 E. ROSEWOOD LN, TAVARES, FL 2/3/98**
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	VD <input checked="" type="checkbox"/> DELETE
NAME	JOZA, BETTY
STREET ADDRESS	769 E ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, BETTE
STREET ADDRESS	736 E ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOZA, BETTY
STREET ADDRESS	769 E. ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL 32778
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCQUINN, RONALD
STREET ADDRESS	349 E ROSEWOOD LN
CITY-ST-ZIP	TAVARES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, BETTY
STREET ADDRESS	736 E. ROSEWOOD LANE
CITY-ST-ZIP	TAVARES FL 32778
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, DWIGHT
STREET ADDRESS	742 W 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	D'ANGELO, FRED
1.3 STREET ADDRESS	760 E ROSEWOOD LN
1.4 CITY-ST-ZIP	TAVARES FL
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOZA, BETTY
2.3 STREET ADDRESS	769 E. Rosewood Ln
2.4 CITY-ST-ZIP	TAVARES, FL 32778
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCDOWELL, BETTE
3.3 STREET ADDRESS	69 E. ROSEWOOD LN
3.4 CITY-ST-ZIP	TAVARES, FL 2778
4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCQUINN, RONALD
4.3 STREET ADDRESS	349 E. Rosewood Ln
4.4 CITY-ST-ZIP	TAVARES, FL 32778
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CABLES, DANIEL
5.3 STREET ADDRESS	330 W. ROSEWOOD LN
5.4 CITY-ST-ZIP	TAVARES, FL 32778
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BRINSLEY, PAT
6.3 STREET ADDRESS	728 E. ROSEWOOD LN
6.4 CITY-ST-ZIP	TAVARES, FL 32778

14. 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 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: *Betty Joza* **BETTY JOZA** 2/3/98 (252)242-6606

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