

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90006 041 ****61.25

DOCUMENT # N09333

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/16/1985

4. FEI Number

59-2644549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

FL

85 Zip Code

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

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 PD ☒ DELETE
NAME D'ANGELO, FRED
STREET ADDRESS 760 E ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL

TITLE VD ☐ DELETE
NAME JOZA, BETTY
STREET ADDRESS 769 E ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ DELETE
NAME MCDOWELL, BETTE
STREET ADDRESS 69 E ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL 32778

TITLE SD ☒ DELETE
NAME MCQUINN, RONALD
STREET ADDRESS 349 E ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL 32778

TITLE TD ☐ DELETE
NAME CABLES, DANIEL
STREET ADDRESS 330 W ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☒ DELETE
NAME BRINSLEY, PAT
STREET ADDRESS 728 E ROSEWOOD LANE
CITY-ST-ZIP TAVARES FL 32778

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Richard Maxwell
1.3 STREET ADDRESS 737 E. Rosewood Lane
1.4 CITY-ST-ZIP Tavares, FL 32778

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S/D ☒ Change ☐ Addition
4.2 NAME Mabel Chamberlain
4.3 STREET ADDRESS 354 W. Rosewood Lane
4.4 CITY-ST-ZIP Tavares, FL 32778

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Eula (Lee) Dean
6.3 STREET ADDRESS 649 E. Rosewood Lane
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

352-343-6601

CR2E037 (11/98)

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