

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90132 028 ****61.25

0024220

DOCUMENT # N09333

1. Entity 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

LUU1J563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2644549

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOZA, BETTY
769 E ROSEWOOD N
TAVARES FL 32778

Name

Street Address (P.O., Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCQUINN, RONALD	
STREET ADDRESS	349 E. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILKINSON, BETTE	
STREET ADDRESS	763 E. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, MIM	
STREET ADDRESS	354 W. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOZA, BETTY	
STREET ADDRESS	769 E. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, LULA	
STREET ADDRESS	649 E. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, SHIRLEY	
STREET ADDRESS	803 E. ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL 32778	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald McQuinn

President

1/24/01

Date

352-589-2552

Daytime Phone #

CR2E037 (10/00)