

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

3/2!  
3/ \* 3

03-29-2002 90789 001 \*\*\*\*\*8.75  
 03-29-2002 90789 002 \*\*\*\*\*61.25

**DOCUMENT # N09333**

1. Entity Name

**ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

769 E ROSEWOOD LN  
 P.O. BOX 124  
 TAVARES FL 32778  
 US

P.  
 P.O. BOX 124  
 TAVARES FL 32778  
 US

**35695**



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  X01

**\$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 **Bette WILKINSON**

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

**763 E Rosewood Lane**

City **Tavares**

**FL**

Zip Code **32778**

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

*Bette Wilkinson*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

*6/11/02*

**FILE NOW: FEE IS \$81.25**

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**  Delete  
 NAME **MCQUINN, RONALD**  
 STREET ADDRESS **349 E. ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D**  Change  Addition  
 NAME **CAROL D'ANGELO**  
 STREET ADDRESS **12601 Double Run Road**  
 CITY-ST-ZIP **Astatula FL 34705**

TITLE **VD**  Delete  
 NAME **WILKINSON, BETTE**  
 STREET ADDRESS **763 E. ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **PD**  Change  Addition

TITLE **SD**  Delete  
 NAME **CHAMBERLAN, MIM**  
 STREET ADDRESS **354 W. ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D**  Change  Addition  
 NAME **DON TERRY**  
 STREET ADDRESS **331 E ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D**  Delete  
 NAME **JOZA, BETTY**  
 STREET ADDRESS **769 E. ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D**  Change  Addition  
 NAME **Doris Baugh**  
 STREET ADDRESS **468 W ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D**  Delete  
 NAME **DEAN, LULA**  
 STREET ADDRESS **649 E. ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **SD**  Change  Addition  
 NAME **FRANCES LARSON**  
 STREET ADDRESS **348 W ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D**  Delete  
 NAME **NELSON, SHIRLEY**  
 STREET ADDRESS **803 E. ROSEWOOD LANE**  
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VD**  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carol D'Angelo Carol D'Angelo*

*4/29/02 (352) 343-3588*

Date Day/Phone #

CR2037 (9/01)