

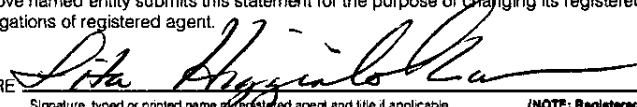
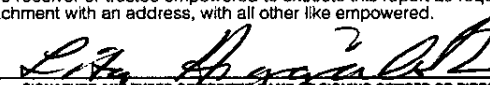


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N09333 1. Entity Name ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.		 FILED 04 OCT -8 PM 1:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 750 W. ROSEWOOD LN TAVARES, FL 32778 US		Mailing Address P.O. BOX 124 TAVARES, FL 32778 US	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2644549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGINBOTHAM, LITA 750 W. ROSEWOOD LANE TAVARES, FL 32778		7. Name and Address of New Registered Agent Name: SAME 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		400041350334 10/18/04--01038--012 **236.25 10-7-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DV NAME: D'ONOFRIO, JEANINE STREET ADDRESS: 539 E. ROSEWOOD LANE CITY-ST-ZIP: TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE: LITA Higginbotham NAME: LITA Higginbotham STREET ADDRESS: 750 W. ROSEWOOD LN. CITY-ST-ZIP: TAVARES, FL. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: PD NAME: WIGGANBOTHAM, LITA STREET ADDRESS: 750 W. ROSEWOOD LANE CITY-ST-ZIP: TAVARES, FL 32778 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE: PUTE DABE NAME: PUTE DABE STREET ADDRESS: 547 E. ROSEWOOD LN. CITY-ST-ZIP: TAVARES, FL. 32778 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: TD NAME: MURPHY, SHERRI STREET ADDRESS: 489 W. ROSEWOOD LANE CITY-ST-ZIP: TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE: GAYLE Parker NAME: GAYLE Parker STREET ADDRESS: 845 E ROSEWOOD LN. CITY-ST-ZIP: TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: SD NAME: RENTZ, RUTH STREET ADDRESS: 301 E. ROSEWOOD LANE CITY-ST-ZIP: TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE: JOE MEDELEY NAME: JOE MEDELEY STREET ADDRESS: 541 W. ROSEWOOD LN. CITY-ST-ZIP: TAVARES, FL. 32778 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: DG NAME: FONTANEZ, MARIA STREET ADDRESS: 629 E. ROSEWOOD LANE CITY-ST-ZIP: TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE: MARGARET HUTZLER NAME: MARGARET HUTZLER STREET ADDRESS: 530 E. ROSEWOOD LN. CITY-ST-ZIP: TAVARES, FL. 32778 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: DRR NAME: HARRINGTON, MICHAEL STREET ADDRESS: 366 W. ROSEWOOD LANE CITY-ST-ZIP: TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE: SAMUEL FONTANEZ NAME: SAMUEL FONTANEZ STREET ADDRESS: 629 E. ROSEWOOD LN. CITY-ST-ZIP: TAVARES, FL. 32778 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10-7-04 (352)343-8110 <small>Date Daytime Phone #</small>	