

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2006
Secretary of State**

DOCUMENT# N09333

Entity Name: ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2644549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIGGINBOTHAM, LITA
Address: 750 W ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

Title: DV () Delete
Name: ROGERS, STEVEN
Address: 811 E ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: PARKER, GAYLE
Address: 845 E. ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: MENELEY, JOE
Address: 541 W ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

Title: DG () Delete
Name: HUTZLER, MARGARET
Address: 530 E. ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: FONTANER, SAMUELL
Address: 629 E ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWDER, JOYCE
Address: 712 E ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: BARGER, JAMES
Address: 663 E ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: FONTANEZ, SAMUEL
Address: 629 E ROSEWOOD LN
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LITA HIGGINBOTHAM

PD

04/13/2006

Electronic Signature of Signing Officer or Director

Date