## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Apr 07, 2008 8:00 am

ANNUAL REPORT						Secretary of State				
DOCUMENT # N09333  1. Entity Name ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.						04	1-07-2008 9	90038 01	2 ****61	.25
Principal Place of Business 845 E. ROSEWOOD LN TAVARES, FL 32778 US		P.0.	Mailing Address P.O. BOX 124 TAVARES, FL 32778					L BIBIN QIBIN BIB		RIIBI TI ITBI
2. Principal Place of Business - No P.O. Box #		3. Ma	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·	02252008 <sub>C</sub>	hg-NP	CR2E03	37 (12/06)	
City & Stat	de	City & State				4. FEI Number 59-264454	9		<del></del>	plied For t Applicable
Zip	Country	Zi		Country		5. Certificate of S			\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Register	ed Agent	Name		7. Name and Add	ress of New R	legistered /	Agent	
PARKER, GAYLE E 845 E. ROSEWOOD LANE TAVARES, FL 32778				Street Address (P.O. Box Number is Not Acceptable)						
17771125,72 52775										
				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  SIGNATURE  SIGNATURE  SIGNATURE  On the State of Florida. I am familiar with, and accept the obligations of registered agent.  (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, EUGENE A 819 E ROSEWOOD LN TAVARES, FL 32778		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAROTOV	Ker Gayl 5 E. Rossi ares, fl	e 2000 le 30116	g.,	Ď Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DV ROGERS, STEVEN 811 E ROSEWOOD LANE TAVARES, FL 32778		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, GAYLE 845 E.ROSEWOOD LN TAVARES, FL 32778		<b>₩</b> Delete	NAME STREET ADDRESS CITY-ST-ZIP	P C B ST A	ol Lane E. Rossus ares F1 3	5778 6778	1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENELEY, JOE 541 W ROSEWOOD LN TAVARES, FL 32778		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>,</b>			□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD MCHAFFIE, MELISSA 820 W ROSEWOOD LN TAVARES, FL 32778		<b>□</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUGH, DORIS 468 W ROSEWOOD LN TAVARES, FL 32778		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ra 76 Ta	unelle Za 6 w. Pose Jares, Fl	35000 360 768	79,	☐ Change	Addition .

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

(359 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 343-0863