

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09333

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

845 E. ROSEWOOD LN  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 124  
TAVARES, FL 32778

**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:**

PARKER, GAYLE E  
845 E. ROSEWOOD LANE  
TAVARES, FL 32778 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: PARKER, GAYLE  
Address: 845 E ROSEWOOD LANE  
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: LANE, CAROL  
Address: 819 E ROSEWOOD LANE  
City-St-Zip: TAVARES, FL 32778

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

Title: D ( ) Delete  
Name: ZADOROZNY, RACHELLE  
Address: 766W ROSEWOOD LANE  
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: SD (X) Change ( ) Addition  
Name: DONOFRIO, JEANINE  
Address: 539 E. ROSEWOOD LN  
City-St-Zip: TAVARES, FL 32778

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

I hereby certify that the information supplied with this filing does not qualify 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: CAROL LANE

Electronic Signature of Signing Officer or Director

MRS.

04/17/2009

Date