2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 29, 2009 DOCUMENT# N09333 Secretary of State

Entity Name: ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

845 E. ROSEWOOD LN TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

P.O. BOX 124 2884 S. OSCEOLA AVE TAVARES, FL 32778 ORLANDO, FL 32806

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

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

PARKER, GAYLE E WORLD OF HOMES 845 E. RÓSEWOOD LANE 2884 S. OSCEOLA AVE US TAVARES, FL 32778 ORLANDO, FL 32806

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: VICKI DIAZ 09/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

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

Title: DV () Delete Title: () Change () Addition

ROGERS, STEVEN Name: Name: Address: 811 E ROSEWOOD LANE Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip:

Title: () Delete Title: () Change () Addition

LANE, CAROL Name: Name: Address: 819 E ROSEWOOD LANE Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip:

() Delete Title: SD Title: SD (X) Change () Addition

DONOFRIO, JEANINE Name: Name: DONOFRIO, JEANINE Address: 539 E. ROSEWOOD LN Address: 539 E ROSEWOOD LN City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: () Delete Title: (X) Change () Addition

ZADOROZNY, RACHELLE ZADOROZNY, RACHELLE Name: Name: 766W ROSEWOOD LANE 766 W ROSEWOOD LANE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

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: VICKI DIAZ MA 09/29/2009