

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90325 019 ****70.00

DOCUMENT # N09333

1. Entity Name
ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC



Principal Place of Business
**769 E ROSEWOOD LN
P.O. BOX 124
TAVARES FL 32778
US**

Mailing Address
**P.
P.O. BOX 124
TAVARES FL 32778
US**

10109718

2. Principal Place of Business
750 W. Rosewood Lane

3. Mailing Address
P0B 124, Tavares, Fl.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tavares

City & State
Tavares, Fl.

4. FEI Number **50-2644549**

Applied For
Not Applicable

Zip Country Zip Country

32778 USA 32778 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILKINSON, BETTE
763 E ROSEWOOD LANE
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name
Lita Higginbotham

Street Address (P.O. Box Number is Not Acceptable)
750 W. Rosewood Lane

City State Zip Code
Tavares, FL 32778

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 *Lita Higginbotham* DATE **7-8-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANGELO, CAROL 12801 DOUBLE RUN ROAD ASTATULA FL 34705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jeanine D'Onofrio 539 E. Rosewood Lane Tavares, Fl. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, BETTE 763 E. ROSEWOOD LANE TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lita Higginbotham 750 W. Rosewood Lane Tavares, Fl. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, DON 331 E ROSEWOOD LANE TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sherri Murphy 489 W. Rosewood Lane Tavares, Fl. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUGH, DORIS 468 W ROSEWOOD LANE TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ruth Rentz 301 E. Rosewood Lane Tavares, Fl. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSON, FRANCES 348 W ROSEWOOD LANE TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D(G) Maria Fontanez 629 E. Rosewood Lane Tavares, Fl. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO NELSON, SHIRLEY 803 E. ROSEWOOD LANE TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D(R/R) Michael Harrington 366 W. Rosewood Lane Tavares, Fl. 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information located 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 II d, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Lita Higginbotham* DATE: **5-11-03** (352)343-880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR