FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # No. Corporation Name

2. Principal Place of Business

SIGNATURE:

21

N93000004353 (9)

2a. Mailing Address

ROSEWOOD COURT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Addross
979 BEACHLAND BLVD.	979 BEACHLAND BLVD.
VERO BEACH FL 32963	VERO BEACH FL 32963-1688

26

FILED Apr 29 1997 8:00am Secretary of State



4/21/07 /5/1569-4133

3a. Date of Last Report 04/12/1996

Applied For

Not Applicable

 Date Incorporated or Qualified 09/27/1993

4. FEI Number NOT APPLICABLE

	Suite, Apt. (#, etc.	Suite,	ite, Apt. #, etc.						Certificate of Status Desired		\$8.75	dditional	
22			27					Ð.	Cermicate of Status Desired		Fee Re	quired		
	City & State)	State					6.	Election Campaign Financing		\$5.00	May Be		
23											Trust Fund Contribution		Added t	o Fees
_	Zip		Country	Zip		Cou	intry		8. This corporation has liability for intangible tax under s. 199.					199.032,
24	<u> </u>	25 29 30					Florida Statutes Yes No 10. Name and Address of New Registered Agent							
9. Name and Address of Current Registered Agent								Name		10.	Name and Address of New	Hegistered	Agent	
		A					81	Name						Ì
MARINE, CHRISTOPHER H ESQ 979 BEACHLAND BLVD. VERO BEACH FL 32963							82 Street Address (P.O. Box Number is Not Acceptable)							
							83							
							63							
							84	City					85 Zip (Code
44	Duraman	a the average			Florida Chat da	- 451						FL	•L l	
111	office or re	egistered ac	cent, or both, in the State o	f Florida, Suci	n change was a	uthorize	d by	the corp	corpor oration	auor n's b	n submits this statement for the loard of directors. I hereby acc	e purpose o cept the ap	or changing its pointment as	s registered registered
	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIG	NATURE _	Sleneture typed	for printed name of registered agent	And Idle if anoline	lo (NOTE	Registered	d Ago	nt signature r	rog irod	whon	rainetation)	DATE		
12.		orginators, typics	OFFICERS AND		ie (NOIE	13.	- Age	itt algitature i	equieo		ADDITIONS/CHANGES TO OF		D DIRECTOR	S IN 12
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ÇM	r-ST-ZIP	VERO B	EACH FL 32962			2.40	2.4 CITY - ST - ZIP							
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual 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 truster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address														