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**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90019 040 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000004353**

1. Corporation Name  
**ROSEWOOD COURT PROPERTY OWNERS' ASSOCIATION, INC**

Principal Place of Business  
 979 BEACHLAND BLVD.  
 VERO BEACH FL 32963

Mailing Address  
 979 BEACHLAND BLVD.  
 VERO BEACH FL 32963



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/27/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARINE, CHRISTOPHER H ESQ</b> <b>979 BEACHLAND BLVD.</b> <b>VERO BEACH FL 32963</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIJLAND, WILLEM C</b>	1.2 NAME	
STREET ADDRESS	<b>1465 EAST PUTNAM AVE #117</b>	1.3 STREET ADDRESS	<i>901625 East Rosewood Court</i>
CITY-ST-ZIP	<b>OLD GREENWICH CT 06870</b>	1.4 CITY-ST-ZIP	<i>VERO BEACH FL 32966</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONADIO, ANTHONY J</b>	2.2 NAME	
STREET ADDRESS	<b>310 S.W. 10TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMEETS, J.K.</b>	3.2 NAME	
STREET ADDRESS	<b>101 GROVE ST APT 27</b>	3.3 STREET ADDRESS	<i>1 Landmark Square #1100</i>
CITY-ST-ZIP	<b>STAMFORD CT 06901</b>	3.4 CITY-ST-ZIP	<i>STAMFORD CT 06901</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 indicated on this annual report or supplemental 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Wm Nijland* *3/5/99* *203-637-0041*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)