# I hereby 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 all other like empowered.

VP

#### SIGNATURE: JULIE VITALE

Electronic Signature of Signing Officer/Director Detail

2023 FLORID	<u>A NOT FOR PROFIT C</u>	ORPORATION AN	NUAL REPORT

#### DOCUMENT# N0600000476

Entity Name: ROSE HAVEN HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

3600 GALILEO DRIVE SUITE 104 TRINITY, FL 34655

#### **Current Mailing Address:**

3600 GALILEO DRIVE SUITE 104 TRINITY, FL 34655 US

## FEI Number: 20-8189112

## Name and Address of Current Registered Agent:

ORSI, JENNIFER 3600 GALILEO DRIVE SUITE 104 TRINITY, FL 34655 US

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: JENNIFER ORSI				02/02/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PD	Title	VPD		
Name	VITALE, MICHELE	Name	VITALE, JULIE		
Address	3600 GALILEO DRIVE, SUITE 104	Address	3600 GALILEO DRIVE, SUITE 10	04	
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655		
Title	S, T				
Name	ORSI, JENNIFER				
Address	3600 GALILEO DRIVE SUITE 104				
City-State-Zip:	TRINITY FL 34655				

### FILED Feb 02, 2023 Secretary of State 4463312252CC

Certificate of Status Desired: No

02/02/2023 Date