

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09333

Entity Name: ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

**FILED
Dec 07, 2019
Secretary of State
9534265164CC**

Current Principal Place of Business:

1590 S.E. 150TH ST
SUMMERFIELD, FL 34491

Current Mailing Address:

P.O. BOX 754
OXFORD, FL 34484 US

FEI Number: 59-2644549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRESTER, CHRISTINE
1590 S.E. 150TH ST
SUMMERFIELD, FL 34491 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: CHRISTINE BRESTER

12/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name TYAGI, MEENU
Address P.O. BOX 754
City-State-Zip: OXFORD FL 34484

Title TREASURER, DIRECTOR
Name WADHWA, JITENDER
Address P.O. BOX 754
City-State-Zip: OXFORD FL 34484

Title DIRECTOR
Name KHIRBAT, BHARAT
Address P.O. BOX 754
City-State-Zip: OXFORD FL 34484

Title DIRECTOR
Name KHIRBAT, PARVESH
Address P.O. BOX 754
City-State-Zip: OXFORD FL 34484

Title SECRETARY, DIRECTOR
Name TYAGI, ASHOK
Address P.O. BOX 754
City-State-Zip: OXFORD FL 34484

Title PROPERTY MANAGER
Name BRESTER, CHRISTINE
Address P.O. BOX 754
City-State-Zip: OXFORD FL 34484

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.

SIGNATURE: CHRISTINE BRESTER

PROPERTY MANAGER

12/07/2019

Electronic Signature of Signing Officer/Director Detail

Date