

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09333

Entity Name: ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 07, 2021
Secretary of State
6797149610CC**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:**DIAZ, 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 DIAZ****02/07/2021**

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	DIAZ, CHRISTINE
Address	1590 S.E. 150TH ST
City-State-Zip:	SUMMERFIELD FL 34491

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 DIAZ**CAM MANAGER****02/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date