SUMMERFIELD	D, FL 34491			
Current Mai	ling Address:			
P.O. BOX 75				
OXFORD, F	E 34484 US			
FEI Number: 59-2644549		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
DIAZ, CHRISTI 1590 S.E. 150T SUMMERFIELD				
The above name	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	orida.
	entity submits this statement for the purpose of changing its regis CHRISTINE DIAZ	tered office or regis	tered agent, or both, in the State of Fl	orida. 04/09/2024
		tered office or regis	tered agent, or both, in the State of Fl	
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fl	04/09/2024
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fl	04/09/2024
SIGNATURE Officer/Dire	CHRISTINE DIAZ Electronic Signature of Registered Agent Ctor Detail :			04/09/2024
SIGNATURE Officer/Dire	CHRISTINE DIAZ Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR	04/09/2024
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR TYAGI, MEENU P.O. BOX 754	Title Name	TREASURER, DIRECTOR WADHWA, JITENDER P.O. BOX 754	04/09/2024
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR TYAGI, MEENU P.O. BOX 754	Title Name Address	TREASURER, DIRECTOR WADHWA, JITENDER P.O. BOX 754	04/09/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR TYAGI, MEENU P.O. BOX 754 OXFORD FL 34484	Title Name Address City-State-Zip:	TREASURER, DIRECTOR WADHWA, JITENDER P.O. BOX 754 OXFORD FL 34484	04/09/2024

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 DIAZ

04/09/2024 **PROPERTY MANAGER** 

Electronic Signature of Signing Officer/Director Detail

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N09333

Entity Name: ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

### **Current Principal Place of Business:**

1590 S.E. 150TH ST

OXFORD FL 34484

DIAZ, CHRISTINE 1590 S.E. 150TH ST

PROPERTY MANAGER

SUMMERFIELD FL 34491

City-State-Zip:

Title

Name

Address City-State-Zip:

## FILED Apr 09, 2024 Secretary of State 4073940588CC

Date