

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/14/

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90004 020 \*\*\*\*61.25

**DOCUMENT # 740183**

1. Entity Name  
**ROSELAND GARDENS PROPERTY OWNERS ASSOCIATION, IN C.**

Principal Place of Business <b>10945 MULBERRY ST. SEBASTIAN FL 32968</b>	Mailing Address <b>P.O. BOX 695 ROSELAND FL 32957</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10996 Mulberry St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. : Box 695</b> Suite, Apt. #, etc.
--	--

City & State <b>Sebastian, FL</b>	City & State <b>Roseland, FL</b>	4. FEI Number <b>65-0126341</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32958</b>	Country <b>U.S.</b>	Zip <b>32957</b>	Country <b>U.S.</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HART, CHARLES A**  
**6240 E. MIRROR LAKE DR.**  
**#302**  
**SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOUBERLY, THOMAS 8425 CAMPBELL AVENUE SEBASTIAN FL 32958</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRAGOLA, JOSEPH 11116 HOTCHKISS DRIVE SEBASTIAN FL 32958</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEIDEL, FRED 13680 OLD DIXIE HWY ROSELAND FL 32957</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RINKAVAGE, NEIL 11055 DURANT ST. ROSELAND FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCARTHY, WILLIAM G. P.O. BOX 780583 NA SEBASTIAN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ronnie Preuss 10996 Mulberry St. Sebastian, FL 32958</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Gail Melnick 10996 Mulberry St. Sebastian, FL 32958</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Sara Hendry 11194 Hotchkiss Dr. Sebastian, FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **02/20/02** **561 589-2814**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)