2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760265

FILED Jan 21, 2009 Secretary of State

Entity Name: THE VILLAS OF ROSEWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

675 SW VERONICA AVE PT ST LUCIE, FL 34953 US

Current Mailing Address: New Mailing Address:

111 SE FEDERAL WAY SUITE 100 STUART, FL 34994 US

FEI Number: 59-2573748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT 111 SE FEDERAL WAY SUITE 100 STUART, FL 34994 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition JEFFERS, INA JEFFERS, INA Name: Name: 12260 SW ELSINDRE DR Address: 12260 SW ELSINDRE DR Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: PD () Delete Title: () Change () Addition

MANNING, JOSEPH Name: Name: Address: 701 SW CLAUDIA AVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip:

Title: () Delete Title: () Change () Addition

PIERCE, LINDA Name: Name: 584 SW SARA BLVD Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip:

Title: TD () Delete Title: SD (X) Change () Addition

DUNTON, PAULINE DUNTON, PAULINE Name: Name: 609 SW JEANNE ST 609 SW JEANNE ST Address: Address:

City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Delete Title: (X) Change () Addition KOLB, ANNA MARIE COLONNESE, ANNA MARIE Name: Name: 554 SW SARA BLVD 554 SW SARA BLVD Address: Address:

City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Delete Title: () Change (X) Addition FLEISCHMAN, LAURA Name: Name: Address: Address: 629 SE JEANNE STREET PORT ST. LUCIE, FL 34953 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH MANNING **PRES** 01/21/2009

Electronic Signature of Signing Officer or Director

Date