
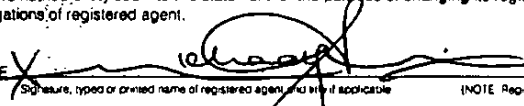
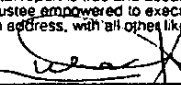


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90001-004-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 24 PM 12:59

DOCUMENT # N02000001252					
1. Entity Name ROSEWOOD ESTATES HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 10530 SW 27 AVE OCALA, FL 34476			Mailing Address 18441 ISLAND OAK AVE JUPITER, FL 33478		
2. Principal Place of Business - No P.O. Box # 10544 SW 27th Ave			3. Mailing Address 10544 SW 27th Ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ocala, FL 34476			City & State Ocala, FL 34476		
Zip		Country		Zip	
				Country	
4. FEI Number 56-2371558				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTMAN, WILLIAM R SEC. 18441 ISLAND OAK AVE. JUPITER, FL 33478			7. Name and Address of New Registered Agent Name Michael Hunter Street Address (P.O. Box Number is Not Acceptable) 10544 SW 27th Ave City Ocala, FL Zip Code 34476		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 8.28.07		
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
SEC.	HARTMAN, WILLIAM R SEC.	18441 ISLAND OAK AVE.	JUPITER, FL 33478		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
PRES	HUNTER, MIKE	10544 SW 27 AVE	OCALA, FL 34476		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
DIR.	WONG, TONY	10520 SW 27 AVE	OCALA, FL 34476		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Sec/Treasurer	Elizabeth Lyde	10524 SW 27th Ave	Ocala, FL 34476		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Vice President	Tony Wong	10520 SW 27th Ave	Ocala, FL 34476		
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 exemptions contained 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 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: 			DATE 9.20.07 407 709 1911		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					