

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90042 046 ****61.25

DOCUMENT # N03000010165

1. Entity Name

ROSEWOOD UNIT TWO OWNERS ASSOCIATION, INC.



Principal Place of Business

1309 KAREN WALK
FERNANDINA BEACH FL 32034

Mailing Address

1309 KAREN WALK
FERNANDINA BEACH FL 32034



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

95727 Karen walk

Suite, Apt. #, etc.

City & State

Fernandina-FL

Zip

32034

Country

NASSAU

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2625355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIS, DWIGHT G
1309 KAREN WALK
FERNANDINA BEACH FL 32034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE OD ☐ Delete
NAME GRIFFIS, DWIGHT G
STREET ADDRESS 1309 KAREN WALK
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE OD ☐ Delete
NAME GRIFFIS, RICHARD J
STREET ADDRESS 1345 KAREN WALK
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE OD ☐ Delete
NAME GRIFFIS, ROBERT
STREET ADDRESS 1309 KAREN WALK
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dwight G. Griffis

3-25-08

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