

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90283 015 ****61.25

DOCUMENT # N29855

1. Entity Name
**ROSEWOOD AT THE GARDENS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O BETH CALLANS MGMT
LONGBOAT KEY, FL 34228 US**

Mailing Address
**595 BAY ISLES ROAD, #201
LONGBOAT KEY, FL 34228 US**

14017236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0126990

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES ROAD, SUITE #201
LONGBOAT KEY, FL 34228**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **DP** ☒ Delete
NAME **STUCKEY, ROBERT**
STREET ADDRESS **5502 GARDENS DR.**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **T** ☒ Delete
NAME **MITCHELL, AUDREY**
STREET ADDRESS **83RD TERRACE EAST**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **D** ☒ Delete
NAME **DROSTE, ROBERT**
STREET ADDRESS **83RD TERRACE EAST**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **S** ☒ Delete
NAME **D'AMATO, LYNN**
STREET ADDRESS **8466 NORTH LOCKWOOD RIDGE ROAD, SUITE 134**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **AD** ☐ Delete
NAME **CALLANS, BETH**
STREET ADDRESS **595 BAY ISLES PARKWAY**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **BUERGER, William**
STREET ADDRESS **5511 83RD TERRACE E**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **VP** ☐ Change ☒ Addition
NAME **SHEPARD, DOUG**
STREET ADDRESS **5504 83RD TERRACE E**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **T** ☐ Change ☒ Addition
NAME **CAREY, JOHN**
STREET ADDRESS **5505 83RD TERRACE E**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **S** ☐ Change ☒ Addition
NAME **JORDAN, JAN**
STREET ADDRESS **5512 83RD TERRACE E**
CITY-ST-ZIP **Sarasota, FL 34243**

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

TITLE **D** ☐ Change ☒ Addition
NAME **LEON, ED**
STREET ADDRESS **5412 83RD TERRACE E**
CITY-ST-ZIP **Sarasota, FL 34243**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #