

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29855

1. Corporation Name

Rosewood At The Gardens Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #

4845 Trout River Crossing

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ellenton, FL

City & State

Zip

34222

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/88

5. FEI Number

650126990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THE LAW OFFICES OF LOBECK & HANSON, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2033 Main Street

Suite, Apt. #, Etc.

#403

City

Sarasota,

State

FL

Zip Code

34237

S. HAWKES

FEB - 2012

EXAMINER

W12 - 7174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/31/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	William Buerger	5511 83rd Terrace E.	Sarasota, FL 34243
V	Gary Christopher	5602 Gardens Drive	Sarasota, FL 34243
S	Jan Jordan	5512 83rd Terrace E.	Sarasota, FL 34243
T	Ken Pyle	5406 83rd Terrace E.	Sarasota, FL 34243

REINSTATEMENT
2008-12

10. E-mail Address: GARRISONMGT@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William Buerger WILLIAM BUERGER 1/30/12 351-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #