

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36155

FILED  
May 24, 2012  
Secretary of State

**Entity Name:** ROSEWOOD COVE TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

20-62 SE 10TH ST  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

26 S.E. 10TH STREET  
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

**FEI Number:** 65-0191648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND ROAD  
540  
PLANTATION, FL 33324 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** PAQUE, KENNITH  
**Address:** 60 SE 10TH STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33441 US

**Title:** DST  
**Name:** CUNNINGHAM, SHARON  
**Address:** 26 SE 10TH ST  
**City-St-Zip:** DEERFIELD BEACH, FL 33441 US

**Title:** D  
**Name:** CLARE, ANDREW  
**Address:** 44 SE 10TH STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33441 US

**Title:** VP/D  
**Name:** KLOPP, GARY  
**Address:** 24 SE 10TH STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

**Title:** D  
**Name:** ZINKE, KAREN  
**Address:** 900 NW 5TH AVE  
**City-St-Zip:** BOCA RATON,, FL 33432 US

**Title:** D  
**Name:** ZINKE, WILLIAM  
**Address:** 900 NW 5TH AVE  
**City-St-Zip:** BOCA RATON, FL 33432 US

I hereby 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 all other like empowered.

**SIGNATURE:** SHARON CUNNINGHAM

DST

05/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date