

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/10

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90006 038 \*\*\*\*61.25

**DOCUMENT # N43012**

1. Entity Name

**ROSEWOOD OWNERS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

1 S. FIFTH STREET  
 FERNANDINA BEACH FL 32034

20 S. FIFTH STREET  
 FERNANDINA BEACH FL 32034  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3122547**

Applied For

Not Applicable

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

**DAVIS, CLYDE W.**  
**20 S. 5TH STREET**  
**FERNANDINA BEACH FL 32034**

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	XX Delete
NAME	KEEN, CHRISTINE	
STREET ADDRESS	1357 GREENBERRY ROAD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	XX Delete
NAME	FLOWER, LANELL	
STREET ADDRESS	1354 WILDWOOD DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	XX Delete
NAME	TYO, MARY	
STREET ADDRESS	1348 WILDWOOD DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charla Sipple	
STREET ADDRESS	1328 Greenberry Drive	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Leah Windham	
STREET ADDRESS	PO Box 1195	
CITY-ST-ZIP	Fernandina Beach FL 32035	
TITLE	VP - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Soitis	
STREET ADDRESS	1314 Greenberry Road	
CITY-ST-ZIP	Fernandina Beach FL 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a power like empowered.

SIGNATURE:

*D. Leah Windham*  
 D. LEAH WINDHAM  
 NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

904-261-2848

Date

Daytime Phone #

CR2037 (9/01)