

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90048 016 ****61.25

DOCUMENT # N43012

1. Entity Name

ROSEWOOD OWNERS ASSOCIATION, INCORPORATED



Principal Place of Business

20 S. FIFTH STREET
FERNANDINA BEACH FL 32034
US

Mailing Address

20 S. FIFTH STREET
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business

20 S. Fifth Street

Suite, Apt. #, etc.

3. Mailing Address

20 S. Fifth Street

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-3122547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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, 2004**

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 PD ☐ Delete
NAME SIPPLE, CHARLA
STREET ADDRESS 1328 GREENBERRY DR
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE TD ☐ Delete
NAME WINDHAM, D. LEAH
STREET ADDRESS PO BOX 1195
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE VPD ☐ Delete
NAME MORRIS, JAMES
STREET ADDRESS 95161 WILDWOOD
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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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 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

3/04/04 904-277-4270

Date

Daytime Phone #