# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2006 8:00 am**
**Secretary of State**
03-16-2006 90243 036 ****61.25

DOCUMENT # N43012

1. Entity Name
ROSEWOOD OWNERS ASSOCIATION, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 20 S. FIFTH STREET<br>FERNANDINA BEACH, FL 32034 US | 20 S. FIFTH STREET<br>FERNANDINA BEACH, FL 32034 US |

02132006 No Chg-NP CR2E037 (11/05)

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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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | TD |
| NAME | WINDHAM, D. LEAH |
| STREET ADDRESS | PO BOX 1195 |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32035 |
| TITLE | VPD |
| NAME | MORRIS, JAMES |
| STREET ADDRESS | 95161 WILDWOOD |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 |
| TITLE | President |
| NAME | John Harris |
| STREET ADDRESS | 95089 Wildwood Circle |
| CITY-ST-ZIP | Fernandina Bch, FL 32035 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** D Leah Windham / D. Leah Windham 3/6/06 904-277-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #