

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47560

1. Entity Name

ROSEDOWN HOMEOWNERS ASSOCIATION OF PENSACOLA, IN

FILED
Apr 20, 2000 8:00 am
Secretary of State

02-11-2000 90006 028 ****61.25

Principal Place of Business PATRICK KOZMA 2252 ROSEDOWN DR CANTONMENT FL 32533 US	Mailing Address PATRICK KOZMA 2552 ROSEDOWN DR CANTONMENT FL 32533-4827 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-3309259** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent
KOZMA, PATRICK
2552 ROSEDOWN DR
CANTONMENT FL 32533

7. Name and Address of New Registered Agent
 Name **SAME**
 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOZMA, PATRICK J 2552 ROSEDOWN DR CANTONMENT FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOZMA, PORTIA D 2551 ROSEDOWN DR. CANTONMENT FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TYREE, LORI 2540 ROSEDOWN DR. CANTONMENT FL 32533 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORMICK, KATHLEEN 2622 DEVLIN WAY CANTONMENT FL 32533 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kathleen Young 2626 Devlin Way Cantonment FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Portia Kozmar 2552 Rosedown Dr. Cantonment FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/7/00 **(800)434-1011**
 Date Daytime Phone #