

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90063 029 ****61.25

DOCUMENT # N93000004353

1. Entity Name
ROSEWOOD COURT PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~979 BEACHLAND BLVD.~~
~~VERO BEACH, FL 32963~~

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~~VERO BEACH, FL 32963~~

1725 E ROSEWOOD CT
VERO BEACH, FL 32966

1725 E ROSEWOOD CT
VERO BEACH, FL 32966



DO NOT WRITE IN THIS SPACE

01292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METCALF, ANDREW ESQ
5385 ROSEWOOD LN
VERO BEACH, FL 32966

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP D
NAME	ANDY METCALF
STREET ADDRESS	1645 EAST ROSEWOOD CT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D
NAME	DONADIO, ANTHONY J
STREET ADDRESS	1665 EAST ROSEWOOD COURT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	DT
NAME	KMETZ, MICHAEL L
STREET ADDRESS	1725 EAST ROSEWOOD COURT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	DP DP
NAME	SHIELDS, CHRISTIE
STREET ADDRESS	1760 EAST ROSEWOOD COURT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D
NAME	KLAUS, DALE
STREET ADDRESS	5320 ROSEWOOD LN
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	DVP
NAME	SUMMERS, BILL
STREET ADDRESS	5345 ROSEWOOD CT
CITY-ST-ZIP	VERO BEACH, FL 32966

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.23.07