

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004353

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



Principal Place of Business
1725 E. ROSEWOOD CT
VERO BEACH, FL 32966

Mailing Address
1725 E. ROSEWOOD CT
VERO BEACH, FL 32966



01212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME METCALF, ANDY
STREET ADDRESS 5305 ROSEWOOD LN
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 DF
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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05/13/08-80043-015 61.25

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IN THIS SPACE**

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 #

MICHAEL KMETZ

4.18.08