


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 029 ****61.25

DOCUMENT # N94000005730 1. Entity Name ROSEWIND HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1545 51ST COURT ATTN: DON RIENZO VERO BEACH, FL 32966 US			Mailing Address 1545 51ST COURT ATTN: DON RIENZO VERO BEACH, FL 32966 US		
2. Principal Place of Business - No P.O. Box # 1525 51ST COURT		3. Mailing Address 1525 51ST COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VERO BEACH, FL		City & State VERO BEACH, FL		4. FEI Number 65-0581521	
Zip 32966		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIENZO, DON 1525 51ST CT VERO BEACH, FL 32966			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIENZO, DON 1525 51ST CT VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DON RIENZO 1525 51ST CT VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOMO, ANN 1500 51ST CT VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANN LUNO 1500 51ST CT VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS, DEREK 1485 51ST CT VERO BEACH, FL 32966		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: <i>Derek Wells</i> DEREK WELLS			1/9/08 (772)234-2410 x233		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					