2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

DOCUMENT # N9400005730 1. Entity Name ROSEWIND HOMEOWNERS' ASSOCIATION, INC.						01-11-200	8 90062 029	****6	1.25	
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					40 					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address [SQS 51 ST LOUET								
Suite, Apt.		Suite, Apt. #, etc. City & State			01042008 4. FE! Number	Chg-NP	CR2E037 (oplied For	
VERD	BEACH, FL	VERO BEACH	_		65-0581	521		No	t Applicable	
zip 329 66	Country SAUSA	329U	Country	ĺ	5. Certificate o	f Status Desired		.75 Add Require		
	6. Name and Address of Current I	Registered Agent	Nome		7. Name and A	ddress of New	Registered Age	nt	***	
RIENZO, DON				Name						
1525 51ST CT.: VERO BEACH, FL 32966			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	е	
	named entity submits this statement for	the purpose of changing its re	gistered office o	r registere	ed agent, or both	, in the State of	Florida. I am fam	iliar with,	and accept	
the obligat	ions of registered agent.									
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SIGNATURE	Cleanburn hand or overted name of constared angers	and little if conficeble (NOTE: 5	Penetered Agent signal	here recovered	when remetaling)		DATE			
	Signature, typed or printed name of registered agent a		Registered Agent signat				DATE			
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Col	aign Financing		\$5.00 May Be Added to Fees		DATE Make check parting			
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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 they like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VEREX WEUS

(172)234-2410 x 233