

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000664 (1)**

1. Corporation Name

THE ASSOCIATION OF ROSELAND PROPERTY OWNERS, INC



Principal Place of Business

Mailing Address

7820 129TH STREET
ROSELAND FL 32957

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ROSELAND FL 32957

3. Date Incorporated or Qualified
02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

65-0558314

21. ~~Women's Club~~

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

12973

BAY ST.

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

ROSELAND, FL.

28. ROSELAND, FL.

24. 32957

Country

U.S.A.

29. Zip

Country

INDIAN RIVER

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDEVOORDE, RENE' G
1327 N CENTRAL AVENUE
SEBASTIAN FL 32958

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LATHERO-GAY, LAURA	
STREET ADDRESS	7820 129TH STREET	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DITTMANN, RICHARD	
STREET ADDRESS	8255 125TH STREET	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, JOAN A	
STREET ADDRESS	12875 83RD AVENUE	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SPATES, CONSTANCE	
STREET ADDRESS	12507 ROSELAND ROAD	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUCZINSKI, BRUCE	
STREET ADDRESS	11086 ROSELAND ROAD	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RISSACHER, THOMAS	
STREET ADDRESS	11615 ROSELAND ROAD	
CITY-ST-ZIP	SEBASTIAN FL 32958	

1.1 TITLE	V.P.D. ROBERT TAYLOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	11140 U.S. #2	
1.3 STREET ADDRESS	SEBASTIAN, FL.	
1.4 CITY-ST-ZIP	32958	
2.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM E. BOSWELL	
2.3 STREET ADDRESS	7430 129 LN.	
2.4 CITY-ST-ZIP	SEBASTIAN, FL. 32958	
3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOE DRIVER	
3.3 STREET ADDRESS	P.O. Box 1269	
3.4 CITY-ST-ZIP	ROSELAND, FL. 32957	
4.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STUART BORTON	
4.3 STREET ADDRESS	8530 U.S. #2	
4.4 CITY-ST-ZIP	MICCO, FL. 32976	
5.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DICK WILHOFF	
5.3 STREET ADDRESS	P.O. Box 82	
5.4 CITY-ST-ZIP	ROSELAND, FL. 32957	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan Summerlin Reed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 1996
Date

563-0646
Daytime Phone #

CR2E037 (12/95)