

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90188 009 ****70.00

DOCUMENT # N95000000664

1. Entity Name

THE ASSOCIATION OF ROSELAND PROPERTY OWNERS, INC

Principal Place of Business

**7820 129 STREET
 ROSELAND FL 32957
 US**

Mailing Address

**P.O. BOX 201
 ROSELAND FL 32957
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0558314

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

ROSELAND

FL

Zip Code

32907

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P DILL, HOLLY	<input type="checkbox"/> Delete
STREET ADDRESS	11675 ROSELAND ROAD	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE NAME	D REED, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12875 83 AVENUE	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE NAME	D JAMES, JACKIE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 478	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE NAME	D SIDEY, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	12895 82 COURT	
CITY-ST-ZIP	ROSELAND FL	
TITLE NAME	D JONES, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 133	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	T RICHARD L. WILLHOFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7990 129 PL	
CITY-ST-ZIP	ROSELAND, FL 32957	
TITLE NAME	D REED, JOAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12875, 83 AVENUE	
CITY-ST-ZIP	ROSELAND FL 32970	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 affidavit signed by all other persons empowered.

SIGNATURE:

RICHARD L. WILLHOFF
RICHARD L. WILLHOFF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16 2001

1-561 589 3749

Date

Daytime Phone #

CR2E037 (10/00)