

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90048 017 ****61.25

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

FL

Zip Code

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	P	<input checked="" type="checkbox"/> Delete
NAME	DILL, HOLLY	
STREET ADDRESS	11675 ROSELAND ROAD	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REED, JOAN	
STREET ADDRESS	12875 83 AVENUE	
CITY-ST-ZIP	ROSELAND FL 32975	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, JACKIE	
STREET ADDRESS	P.O. BOX 478	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	D DIRECTOR	<input type="checkbox"/> Delete
NAME	SIDEY, JEAN	
STREET ADDRESS	12895 82 COURT	
CITY-ST-ZIP	ROSELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JUDY	
STREET ADDRESS	P.O. BOX 133	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLHOFF, RICHARD L	
STREET ADDRESS	7990 129 PL	
CITY-ST-ZIP	ROSELAND FL 32957	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN SMITH	
STREET ADDRESS	P.O. BOX 634	
CITY-ST-ZIP	ROSELAND, FLORIDA 32957	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEN BISHOP	
STREET ADDRESS	8301 135TH LAKE	
CITY-ST-ZIP	SEBASTIAN, FLORIDA 32958	
TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD WILLHOFF	
STREET ADDRESS	7990 129 PL	
CITY-ST-ZIP	ROSELAND, FLORIDA 32957	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERI REICHERT	
STREET ADDRESS	772 CAVERN TERRACE	
CITY-ST-ZIP	SEBASTIAN, FLORIDA 32958	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA BAUFELD	
STREET ADDRESS	7405 129TH ST.	
CITY-ST-ZIP	SEBASTIAN, FLORIDA 32958	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN CHADBURN	
STREET ADDRESS	12601 ROSELAND ROAD	
CITY-ST-ZIP	SEBASTIAN, FLORIDA 32958	

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 address, with all other like empowered.

SIGNATURE: *Richard L. Willhoff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)