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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

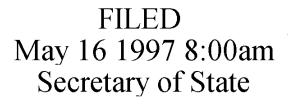
Principal Place of Business

DOCUMENT #

N96000006016 (7)

ROSEWOOD AT RIVER RIDGE PHASE I HOMEOWNERS' ASSOCIATION, INC.

Mailing Address





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8201 RIVER RI NEW PORT RK	IDGE BLVD. CHEY FL 34654	8201 RIVER RIDGE BLVC NEW PORT RIGHEY FL	). <del>84664-8</del> 044				
					3. Date incorporated or Qualified 11/25/1996	3a. Date of I	Last Report
2. Principal P	Place of Business	2e. Mailing Address			4. FEI Number	·	Applied Fo
		26 80. Box 909		59-8378234	8378234 Not Applie		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Addition
2		27		· · · · · · · · · · · · · · · · · · ·	T. Comment of Grands Country		Fee Required
City & Stat		City & State	* Ric	hey. P	Bection Campaign Financing     Trust Fund Contribution		5.00 May Be idded to Fees
Zip 4	Country 25	29 34656	Cour 30	ntry		Yes 🔏 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	<u> </u>
			[1	81 Name			
PAUL, V	WILLIAM D II		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
	IVER RIDGE BLVD.						
NEW PO	ORT RICHEY FL 34654		['	99			
•			Ī	64 City	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip Code
44 Duraman	to the provisions of Sections 617.050	10 and 617 1500 Florida Stat	tutoo tho nh	L L	poration submits this statement for the p		ging its social
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	s authorized	by the corporal	tion's board of directors. I hereby accep	ot the appointment	ent as register
SIGNATURE		<u> </u>					
	Signature, typed or printed name of registered ag		<del></del>	Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	OTODO IN 10
12. Tit	PD OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		hange Ad
NAME	BOYCE, M D	C) bitter	1.2 NA	١			nango Carro
	8201 RIVER RIDGE BLVD.						
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CITY-ST-ZIP Title	STD	DELETE	2.1 TITI	Y-ST-ZIP		Пс	hange
NAME	PAUL, WILLIAM D	<u> </u>	2.2 NA				
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CITY-ST-ZIP			23 9 76	REET ADDRESS		•	
	I NEW PORT DICHEY EL SARS			REET ADDRESS		v u.s	
	NEW PORT RICHEY FL 3465	4 DELETE	2.400	TY-ST-ZIP	<u> </u>	<u>~</u>	hange Ad
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4. I do 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 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

GNATURE AND TYPED ON PRINTED NAME OF BIG

AME OF BIGNING OFFICER OR DIRECTOR

4/14/57

Daytime Phone