

CAPITAL CONNECTION 850 222 1222
2001 UNIFORM BUSINESS REPORT (UBR)

03/30 '01 15:10 NO.503 02/02

DOCUMENT # N9600000 6017

1. Entity Name
 Rosewood at River Ridge
 Homeowners' Association, Inc.

Principal Place of Business Mailing Address
 8201 River Ridge Blvd Same
 New Port Richey FL 34654

2. Principal Place of Business Same 3. Mailing Address Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
 Robert L Tankel
 1299 Main ST # F
 Dunedin FL 34698

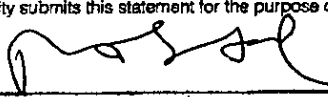
7. Name and Address of New Registered Agent
 Name Same
 Street Address (P.O. Box Number is Not Acceptable) 1032 Main ST Suite D
 City Same FL Zip Code 34698

FILED
 01 APR -2 PM 4:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

00-01

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  Robert L Tankel 3/30/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	Boyce, M D PD ☐ Delete	TITLE NAME	☐ Change ☐ Addit
STREET ADDRESS	8201 River Ridge Blvd	STREET ADDRESS	000004008620--9
CITY-ST-ZIP	New Port Richey FL 34654	CITY-ST-ZIP	-04/13/01--01013--024
TITLE VPD	Reynolds, B J VPD ☐ Delete	TITLE NAME	****306.25 ****306.25
STREET ADDRESS	same address	STREET ADDRESS	☐ Change ☐ Addit
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	Paul, William D II ☒ Delete STD	TITLE NAME	STD ☒ Change ☐ Addit
STREET ADDRESS	same address	STREET ADDRESS	Williamson, Dona
CITY-ST-ZIP		CITY-ST-ZIP	same address as others
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addit
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addit
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addit
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D Boyce M D Boyce 3/30/01 727 8460000
 Signature and typed or printed name of signing officer or director Date Daytime Phone #