2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006017

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

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

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

REINSTATEMENT 00-01

2. Principal Place of Business	3. Mailing Address
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59342 8522 — 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
Robert L Tankel 1249 Main ST #F Dunedin FL 34698	Name: same Street Address (P.O. Box Number is Not Acceptable): 1022 Main ST Suite D City: same FL Zip Code: same

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 / NAME / STREET ADDRESS / CITY-ST-ZIP			☐ Change ☐ Addit
TITLE PD NAME Boyce, M D STREET ADDRESS 8201 River Ridge Blvd CITY-ST-ZIP New Port Richey FL 34654	PD ☐ Delete	000004008620--9 -04/13/01--01013--024 ****306.25 ****306.25	
TITLE VPD NAME Reynolds, BJ STREET ADDRESS same address CITY-ST-ZIP	VPD ☐ Delete		☐ Change ☐ Addit
TITLE STD NAME Paul, William D II STREET ADDRESS same address CITY-ST-ZIP	☒ Delete STD	TITLE STD NAME Williamson, Dona STREET ADDRESS same address as others CITY-ST-ZIP	☒ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addit SP

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 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 #