

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006017

1. Entity Name

ROSEWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90048 017 *****61.25

Principal Place of Business

Mailing Address

8201 RIVER RIDGE BLVD.
NEW PORT RICHEY FL 34654

8201 RIVER RIDGE BLVD.
NEW PORT RICHEY FL 34654

2. Principal Place of Business

10730 U. S. 19

3. Mailing Address

10730 U. S. 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 17

Suite 17

City & State

City & State

Port Richey, FL

Port Richey, FL

Zip

34668

Country

Pasco

Zip

34668

Country

Pasco

4. FEI Number

59-3428522

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

TANKEL, ROBERT L

1022 MAIN STREET, STE D
DUNEDIN FL 34698

Name

Qualified Property Management, Inc.

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

10730 U. S. 19

Suite 17

City

Port Richey

FL

Zip Code
34668

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 PD ☐ Delete
NAME BOYCE, M D
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME REYNOLDS, B J
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME WILLIAMSON, DANA
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)