

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N99000005586

1. Entity Name
**1000 ROSES PHASE # HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**1500 W. ROSE ST.
LAKE WALES, FL 33853**

Mailing Address
**1500 W. ROSE ST.
LAKE WALES, FL 33853**



07142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3599483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRONDIN, GARY C
1500 W. ROSE ST.
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRONDIN, GARY C
455 S. BUCK MOORE RD.
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRONDIN, DANIEL M
455 S. BUCK MOORE RD.
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

U00000373175

07/18/05-80004-018 61.25

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 if changed, or on an attachment with an address with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-05 863 626 8148