

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90208 049 \*\*\*150.00

**DOCUMENT # P99000043741**

1. Entity Name  
**ROSEWIND PROPERTY, INC.**



Principal Place of Business  
**4628 SANTA BARBARA BLVD  
CAPE CORAL FL 33914**

Mailing Address  
**4628 SANTA BARBARA BLVD  
CAPE CORAL FL 33914**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0919659**

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

**OTTO, ELEANOR  
4628 SANTA BARBARA BLVD  
CAPE CORAL FL 33904**

Name

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

City

**FL**

Zip Code

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 *Eleanor Otto*

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

(NOTE: Registered Agent signature required when reinstating)

*January 8, 2003*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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 11

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|---|---|--|
| TITLE                      | NAME  | TITLE   | NAME   |
| PD                         | KRUPNICK, SHELDON<br>100 RING RD W, SUITE 209<br>GARDEN CITY NY 11530 |   |  |
| TD                         | NIBLETT, SAM<br>278 FULLER RD<br>EASTON ME 04740                      |   |  |
| SD                         | OTTO, ELEANOR<br>1009 LUCERNE PARKWAY<br>CAPE CORAL FL 33904          | SD  | OTTO, ELEANOR<br>2623 S.W. 52nd Terrace<br>Cape Coral FL 33914 |
|                            |   |   |  |
|                            |   |   |  |
|                            |   |   |  |
|                            |   |   |  |
|                            |   |   |  |

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 607, 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: *Eleanor Otto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-08-03 941 850 8982*

Date

Daytime Phone #

CR2E034 (10/02)