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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name V08664

ROSEWOOD COURT DEVELOPMENT CORPORATION

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 979 BEACHLAND BLVD 979 BEACHLAND BLVD VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3109120 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intargible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARINE, CHRISTOPHER H. 979 BEACHLAND BLVD 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE NIJLAND, WILLEM C. NAME 1465 East Putnam Loence #117 Old Greenwick, CT 06870 1.2 NAME 101 GROVE ST APT 27 STREET ADDRESS 1.3 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE **SMEETS, JAN KAREL** NAME 2.2 NAME 1 LANDMARK SQ STE 1100 STREET ADDRESS 2.3 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETË TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIF TITLE DELETE Change 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ANDRESS CITY-ST-ZIP 64 CITY-ST-7IP

14. 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 annual report or supplemental annual 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 acceiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an alternation with an address.