FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90010 021 ***150.00

DOCUMENT # V08664

1. Corporation Name

ROSEWO	ood court developmen	T CORPORATION							
Principal Place	of Business	Mailing Address				-	I a i (biio biio biii) bibi bibi	AIAIE DIBH BIBH AI	BIN BIBIN 1881
979 BEACHLAND BLVD 979 BEACHLAND BLVD									
VERO BEACH FL 32963 VERO BEACH FL 32963						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated			
						01/22/1992	or addined		{
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	lied For
21 26						59-31091 <u>20</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Statu	ıs Desired 🗀 _	\$8.75 A	
22		27						Fee Rec	<u>` </u>
City & State City & State						6. Election Campaig	- 11	\$5.00 i Added to	
23		28				Trust Fund Contri			rees
Zip	Country	Zip	Country	у		8. This corporation of Personal Property	wes the current year Ir		□No
24	25	29 36	<u> </u>				ess of New Registered		
Name and Address of Current Registered Agent						it. Hallis alla same		1 91	
MARINE, CHRISTOPHER H.				<u> </u>					
979 BEACHLAND BLVD			82	Street	Addre	ss (P.O. Box Number is	Not Acceptable)		
VERO BEACH FL 32963				3			· · · · · ·		
				<u> </u>				les Zin O	
				City			FI	_ 85 Zip C	oode
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	 /e-named	corpo	ration submits this state	ement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	nt Florida. Such change was autr	iorizea di	√ the cont	oration	n's board of directors. I	hereby accept the appo	ointment as reg	listered
_	it lattistal with, and accept the congac	ions of, occurring the contraction of the contracti	0.0.0.0						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age	ent signature	required	when reinstating)	DATE		
12.	OFFICERS ANI		13.	_		ADDITIONS/CHAN	IGES TO OFFICERS A		
TITLE	1 15		1.1 TITLE					Change	☐ Addition
NAME	NIJLAND, WILLEM C. 12N				- /-	11-11-15	•	41	- (
STREET ADDRESS	RESS 1465 EAST PUTNAM AVENUE #117			ET ADDRESS	10	1625 East & Vero Beagl	demon c	ourt	1
CITY-ST-ZIP	OLD GREENWICH CT 06870 14			ST-ZIP		1200 Beagl	FC 32966		CT 1 4400-
TITLE	SD	☐ DELETE	2.1 TITLE				J	Change	Addition
NAME	J. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		2.2 NAME		Ì				
STREET ADDRESS			2.3 STREI	ET ADDRESS	1				
· CITY-ST-ZIP			2.4 CITY	ST-ZIP	 			[] Change	Addition
TITLE			3.1 TITLE					Change	
NAME			3.2 NAME						Ì
STREET ADDRESS				ET ADDRESS	·				
CITY-ST-ZIP				ST-ZIP	+			Change	Addition
TITLE	DELETE 4.11				1			□ Almiås	
NAME		,	4. 2 NAME						
on all rooms			I.	ET ADDRESS	1				
CiTY-\$T-ZiP		☐ DELETE	4.4 CITY-		1			Change	☐ Addition
TITLE		□ vereje	5.1 TITLE 5.2 NAME						
NAME I			- CE INNIE	,	1				

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 for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

SS or 203 63) 0041

Change

☐ Addition

(00/14/) ACCTCCC