

UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 022 ****61.25

DOCUMENT # N99000005586

1. Entity Name

1000 ROSES PHASE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 W. ROSE ST.
LAKE WALES FL 33853

1500 W. ROSE ST.
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599483

Applied

Not App

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Co.

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRONDIN, GARY C	
STREET ADDRESS	455 S. BUCK MOORE RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALARUSSE, PAMELA J	
STREET ADDRESS	455 S. BUCK MOORE RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRONDIN, DANIEL M	
STREET ADDRESS	455 S. BUCK MOORE RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if it were of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and if changed, or on an attachment with an address, with all other like empowered.

Pamela J. Calarusse
SIGNATURE REQUIRED
PAMELA J. CALARUSSE
 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR