

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90110 007 \*\*\*\*61.25

**DOCUMENT # N99000005586**



1. Entity Name  
**1000 ROSES PHASE II 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**

**40002190**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3599483**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 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 empowered.

SIGNATURE: *Pamela J Calarusse* **PAMELA J CALARUSSE** 1-7-03 863-676-8140

CR2E037 (10/02)