

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 025 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000002240		
1. Entity Name ROSEMARY PARK CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1300 BOULEVARD OF THE ARTS SARASOTA, FL 34236		Mailing Address 1300 BOULEVARD OF THE ARTS SARASOTA, FL 34236
DO NOT WRITE IN THIS SPACE		
		50021069 
		02142006 No Chg-NP CR2E037 (11/05)
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KENNY, KEVIN M ESQ 201 EAST KENNEDY BLVD, STE 600 TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, WILLIAM III 1300 BOULEVARD OF THE ARTS SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALENTI, CARMEN 1300 BOULEVARD OF THE ARTS SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON SIMS, KAREN Ward, Cephas V. 1300 BOULEVARD OF THE ARTS SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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 exemptions contained in Chapter 119, 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: 		5/19/06 (941) 361-6210 x224
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>