

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N04501 (5)**  
1. Corporation Name  
**ROSEMERE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**664 ROSEGATE LN PO BOX 385 GOTHA FL 34734-7385**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1984** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2562855** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** *PO Box 385*  
**22** City & State **27** *GOTHA FL*  
**23** Zip Country **29** *34734-7385* **30** *US*

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MIZRAHI, REUBEN  
664 ROSEGATE LN  
ORLANDO FL 32811-1424**

10. Name and Address of New Registered Agent  
**81** Name *Not Applicable*  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City *Orlando* **FL** **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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	TOMCSAK, MIKE
STREET ADDRESS	634 ROSEMERE CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	BOONE, DAVID
STREET ADDRESS	840 ROSEMERE CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	MEENA, TODD
STREET ADDRESS	611 ROSEGATE LANE
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	NIGHTINGALE, JOANN
STREET ADDRESS	676 ROSEMERE CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	WOLFE, DAN
STREET ADDRESS	808 ROSEMERE CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	LEBLANC, ANNE
STREET ADDRESS	724 ROSEMERE CIRCLE
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MEENA, Todd
13 STREET ADDRESS	611 ROSEGATE LANE
14 CITY - ST - ZIP	ORLANDO, FL 32835
21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rich Hasely, Rich
23 STREET ADDRESS	766 ROSEMERE CIRCLE
24 CITY - ST - ZIP	ORLANDO FL 32835
31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TOMCSAK, MIKE
33 STREET ADDRESS	634 ROSEMERE CIRCLE
34 CITY - ST - ZIP	ORLANDO, FL 32835
41 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	NIGHTINGALE, JOANN
43 STREET ADDRESS	676 ROSEMERE CIRCLE
44 CITY - ST - ZIP	ORLANDO, FL 32835
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	WOLFE, DAN
53 STREET ADDRESS	808 ROSEMERE CIRCLE
54 CITY - ST - ZIP	ORLANDO FL 32835
61 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	FULLER, MIKE
63 STREET ADDRESS	665 ROSEMERE CIRCLE
64 CITY - ST - ZIP	ORLANDO FL 32835

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joann Nightingale, Treasurer (Joann Nightingale)* 4-15-95 (407) 649-2359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Area