

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/01/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2562855**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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: **LYNN RUEMLER**
82 Street Address (P.O. Box Number is Not Acceptable): **700 ROSEMERE CIRCLE**
83
84 City: **Orlando** FL 85 Zip Code: **32835**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **5/8/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	TOMCSAK, MIKE	
STREET ADDRESS	634 ROSEMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	HASLEY, RICH	
STREET ADDRESS	766 ROSEMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/>
NAME	MEENA, TODD	
STREET ADDRESS	611 ROSEGATE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/>
NAME	NIGHTENGALE, JOANN	
STREET ADDRESS	676 ROSEMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/>
NAME	WOLFE, DAN	
STREET ADDRESS	808 ROSEMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	FULLER, MIKE	
STREET ADDRESS	665 ROSEMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	LYNN RUEMLER		
3.3 STREET ADDRESS	700 ROSEMERE CIRCLE		
3.4 CITY-ST-ZIP	ORLANDO, FL		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	JEFFREY DECKER		
4.3 STREET ADDRESS	658 ROSEGATE LN		
4.4 CITY-ST-ZIP	ORLANDO, FL		
5.1 TITLE	DUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	DAN WOLFE		
5.3 STREET ADDRESS	808 ROSEMERE CIRCLE		
5.4 CITY-ST-ZIP	ORLANDO, FL		
6.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	JOANN NIGHTENGALE		
6.3 STREET ADDRESS	676 ROSEMERE CIRCLE		
6.4 CITY-ST-ZIP	ORLANDO, FL		

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: *[Signature]* DATE: **5/8/96** DAYTIME PHONE #: **4072913578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (12/95)