

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34734-0385, US

3. Date incorporated or Qualified: 08/01/1984
3a. Date of Last Report: 08/20/1996
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LYNNE RUEMLER, 700 ROSEMERE CIRCLE, ORLANDO FL 32811-1424

10. Name and Address of New Registered Agent: 81 Name: Kathy Meena, 82 Street Address: 611 Rosegate Ln, 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: *Kathy Meena*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMCSAK, MIKE	1.2 NAME	Kathy Meena
STREET ADDRESS	634 ROSEMERE CIRCLE	1.3 STREET ADDRESS	611 Rosegate Ln
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEMLER, LYNN	2.2 NAME	Bob Nightengale
STREET ADDRESS	700 ROSEMERE CIRCLE	2.3 STREET ADDRESS	6516 Rosegate Ln.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEENA, TODD	3.2 NAME	Ann Koomen
STREET ADDRESS	611 ROSEGATE LANE	3.3 STREET ADDRESS	6752 Rosemere Ct.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGHTENGALE, JOANN	4.2 NAME	Sue Piele
STREET ADDRESS	658 ROSEGATE LANE	4.3 STREET ADDRESS	640 Rosemere Circle
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, DAN	5.2 NAME	Tony Young
STREET ADDRESS	808 ROSEMERE CIRCLE	5.3 STREET ADDRESS	634 Rosegate Ln.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGHTENGALE, JOANN	6.2 NAME	Kris Sordiso
STREET ADDRESS	676 ROSEMERE CIRCLE	6.3 STREET ADDRESS	644 Rosemere Circle
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO FL 32835

14. I do 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 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: *Ann M. Koomen* (Treasurer) 4-28-97 (407) 212-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089705

CR2E037 (9/96)