

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
 664 ROSEGATE LN PO BOX 385
 PO BOX 385 GOTHA FL 34734-7385
 GOTHA FL 34734-7385 US

3. Date Incorporated or Qualified
 08/01/1984

4. FEI Number
 59-2562855 Applied For Not Applicable

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address
 21 P.O. Box 385 26 Same as Above -
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 → 27 ←
 City & State City & State
 23 GOTHA, FL. 28
 Zip Country Zip Country
 24 34734 25 29 30

9. Name and Address of Current Registered Agent
 MECNA, KATHY
 611 ROSEGATE LANE
 ORLANDO FL 32835

10. Name and Address of New Registered Agent
 81 Name KRIS SARDISCO
 82 Street Address (P.O. Box Number is Not Acceptable) 644 ROSEMERE CR.
 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 *Kris Sardisco* DATE 7/30/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MBENA, KATHY	
STREET ADDRESS	611 ROSEGATE LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NIGHTENGALE, BOB	
STREET ADDRESS	658 ROSEGATE LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KOOMEN, ANN	
STREET ADDRESS	8762 ROSEMERE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RIELE, SUE	
STREET ADDRESS	640 ROSEMERE CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, TONY	
STREET ADDRESS	634 ROSEGATE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SARDISCO, KRIS	
STREET ADDRESS	644 ROSEMERE CIR.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		KRIS SARDISCO	
1.3 STREET ADDRESS		644 ROSEMERE CR. X	
1.4 CITY-ST-ZIP		ORLANDO, FL. 32835	
2.1 TITLE	D	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		BOB NIGHTENGALE	
2.3 STREET ADDRESS		696 ROSEMERE CR. X	
2.4 CITY-ST-ZIP		ORLANDO, FL. 32835	
3.1 TITLE	T	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		ROB BONGROIS	
3.3 STREET ADDRESS		680 ROSEMERE CR.	
3.4 CITY-ST-ZIP		ORLANDO, FL. 32835	
4.1 TITLE	T	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		SUE ALLRED	
4.3 STREET ADDRESS		655 ROSEMERE CR.	
4.4 CITY-ST-ZIP		ORLANDO, FL. 32835	
5.1 TITLE	T		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		LAURA YOUNG	
5.3 STREET ADDRESS		634 ROSEGATE LN.	
5.4 CITY-ST-ZIP		ORLANDO, FL. 32835	
6.1 TITLE	T		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		GARY HOLLAND	
6.3 STREET ADDRESS		658 ROSEGATE LN.	
6.4 CITY-ST-ZIP		ORLANDO, FL. 32835	

14. 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 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: *Kristine Sardisco* DATE: 7/20/98 DAYTIME PHONE #: 407-292-9794
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)