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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90016 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04501**

1. Corporation Name  
**ROSEMERE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 385 GOTHA FL 34734-7385 US	Mailing Address P O BOX 385 GOTHA FL 34734-7385 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/01/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2562855
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SARDISCO, KRIS 644 ROSEMERE CR ORLANDO FL 32835		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURGEOIS, ROB	1.2 NAME	
STREET ADDRESS	680 ROSEMERE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGHTENGALE, BOB	2.2 NAME	
STREET ADDRESS	676 ROSEMERE CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLRED, SUE	3.2 NAME	
STREET ADDRESS	653 ROSEMERE CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, LAURA	4.2 NAME	
STREET ADDRESS	634 ROSEGATE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, GARY	5.2 NAME	
STREET ADDRESS	658 ROSEGATE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDISCO, KRIS	6.2 NAME	
STREET ADDRESS	644 ROSEMERE CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Katherine Harris* 1/12/99 (407)843 8470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)