

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90372 011 \*\*\*\*61.25

**DOCUMENT # N04501**

1. Entity Name

**ROSEMERE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 385  
 GOTHA FL 34734-7385  
 US

P O BOX 385  
 GOTHA FL 34734-0385  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2562855**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

~~SARDISCO, KRIS~~  
~~644 ROSEMERE CR~~  
~~ORLANDO FL 32835~~

Nightingale, Bob  
 676 Rosemere Cr.  
 Orlando, FL 32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Bob Nightingale*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/00**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>DP</del>	<input type="checkbox"/> Delete
NAME	NIGHTENGALE, BOB	
STREET ADDRESS	676 ROSEMERE CR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	<del>TS S</del>	<input type="checkbox"/> Delete
NAME	ALLRED, SUE SUSAN	
STREET ADDRESS	653 ROSEMERE CR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	<del>T</del>	<input type="checkbox"/> Delete
NAME	YOUNG, LAURA <i>Curtis Causey</i>	
STREET ADDRESS	<del>634 ROSEGATE LN</del> <i>665 Rosemere Cr.</i>	
CITY-ST-ZIP	<del>ORLANDO FL 32835</del> <i>Orlando, FL 32835</i>	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	<del>HOLLAND, GARY</del> <i>Jason Harberry</i>	
STREET ADDRESS	<del>658 ROSEGATE LN</del> <i>8752 Rosemere Cr.</i>	
CITY-ST-ZIP	<del>ORLANDO FL 32835</del> <i>Orlando, FL 32835</i>	
TITLE	<del>DP</del>	<input type="checkbox"/> Delete
NAME	SARDISCO, KRIS <i>DAVID MENK</i>	
STREET ADDRESS	<del>644 ROSEMERE CIR.</del> <i>835 Rosemere Cr.</i>	
CITY-ST-ZIP	<del>ORLANDO FL 32835</del> <i>Orlando, FL 32835</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sue Susan Allred*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/00**

Date

Daytime Phone #

**407/843-8470**