


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N04501
 1. Entity Name
 ROSEMERE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 385 P O BOX 385
 GOTHA, FL 34734-7385 US GOTHA, FL 34734-7385 US

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2562855 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 OWEN, CINDI
 617 ROSEGATE LANE
 ORLANDO, FL 32835

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: C. Owen CINDI OWEN DATE: 1/10/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000178264
 01/13/05-80010-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OWEN, CINDI
STREET ADDRESS	617 ROESGATE LANE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	V
NAME	SEABERG, JOAN
STREET ADDRESS	805 ROSEMERE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	S
NAME	LINS, GEORGANNE
STREET ADDRESS	644 ROSEMERE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	T
NAME	WALSH, ANGELA
STREET ADDRESS	645 ROSEMERE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Angela Walsh Angela Walsh DATE: 1/10/05 DAYTIME PHONE #: 407-355-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #