

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 022 ****70.00



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 34734-0385 GOTHA FL 34734-0385
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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
~~GALBRAITH, RON
 659 ROSEGATE LANE
 ORLANDO FL 32835~~

7. Name and Address of New Registered Agent
 Name **THOMAS A. MUNGO**
 Street Address (P.O. Box Number is Not Acceptable) **824 ROSEMERE CIRCLE**
 City **ORLANDO** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent
 SIGNATURE Thomas A Mungo
Signature, typed or printed name of registered agent and fee applicator. (NOTE: Registered Agent signature is required when first registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|----------------|----------------|------------------|-------------------------------------|
| P | BEECHY, MIKE | 623 ROSEGATE | ORLANDO FL 32835 | <input checked="" type="checkbox"/> |
| T | GALBRAITH, RON | 659 ROSEGATE | ORLANDO FL 32835 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-----------|-----------------|---------------------|-------------------|-------------------------------------|--------------------------|
| PRESIDENT | Thomas A. Mungo | 824 ROSEMERE CIRCLE | ORL FL 32835 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TREASURER | ANDREA PREHN | 640 ROSEGATE LN | ORLANDO, FL 32835 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ANDREA W. PREHN TREASURER