

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N96000002058

Entity Name: THE TOWNHOMES OF ROSEMONT GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3390188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COCHRAN, JAMES R
Address: 222 W. COMSTOCK AVE #214
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: RAMSEUR, FRANKLIN F III
Address: 455 DOUGLAS AVE #2155-26
City-St-Zip: WINTER PARK, FL 32789

Title: STD () Delete
Name: HALVERSON, KEITH E
Address: 222 W. COMSTOCK AVE #214
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RAMSEUR, FRANKLIN F III
Address: 455 DOUGLAS AVE STE 2155-26
City-St-Zip: WINTER PARK, FL 32789

Title: STD (X) Change () Addition
Name: HALVERSON, KEITH E
Address: 2501 JENNIFER HOPE BLVD
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R COCHRAN

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date