| DOCUMENT# 745774 | Mar |
|--|----------------|
| Entity Name: ISLAND CLUB AT ROSEMONT CONDOMINIUM ASSOCIATION, INC. | Secret 7875 |
| Current Principal Place of Business: | |
| 323 CIRCLE DR | |
| MAITLAND, FL 32751 | |
| | |

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

323 CIRCLE DR MAITLAND, FL 32751 US

FEI Number: 59-1891175

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 323 CIRCLE DR MAITLAND, FL 32751 US Certificate of Status Desired: No

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.

| SIGNATUR | E: TINA YAMADA | | | 03/31/2023 | |
|---------------------------|--|-----------------|-------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | VP | Title | SECRETARY | | |
| Name | BOWEN, SCOTT | Name | KIBLER, JAN | | |
| Address | 323 CIRCLE DR | Address | 323 CIRCLE DR | | |
| City-State-Zip: | MAITLAND FL 32751 | City-State-Zip: | MAITLAND FL 32751 | | |
| Title | PRESIDENT | Title | DIRECTOR | | |
| Name | MOORE, LISA | Name | JOHNSON, TOM | | |
| Address | 323 CIRCLE DR | Address | 323 CIRCLE DR | | |
| City-State-Zip: | MAITLAND FL 32751 | City-State-Zip: | MAITLAND FL 32751 | | |
| Title | TREASURER | Title | DIRECTOR | | |
| Name | POPE, TEMPRA | Name | BROSI, KATHLEEN | | |
| Address | 323 CIRCLE DR | Address | 323 CIRCLE DR | | |
| City-State-Zip: | MAITLAND FL 32751 | City-State-Zip: | MAITLAND FL 32751 | | |
| Title | DIRECTOR | | | | |
| Name | SCHACHTELI, CARSTEN | | | | |
| Address | 323 CIRCLE DR | | | | |

City-State-Zip: MAITLAND FL 32751

I hereby 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 all other like empowered.

| SIGNATURE: | LISA MOORE | PRESIDENT |
|------------|------------|-----------|
| | | |

03/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 31, 2023 Secretary of State 7875745542CC