

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04501

**Entity Name:** ROSEMERE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 04, 2021**  
**Secretary of State**  
**6914836747CC**

**Current Principal Place of Business:**

13350 W. COLONIAL DR.  
SUITE 330  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

PO BOX 783367  
WINTER GARDEN, FL 34778 US

**FEI Number: 59-2562855**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MANAGEMENT  
13350 W. COLONIAL DR.  
SUITE 330  
WINTER GARDEN, FL 34787 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BLAKER, KORINA  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            VP  
Name            WELLS, WILLIAM  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            SECRETARY  
Name            DOYLE, LEIGH  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            TREASURER  
Name            LINS, MARK  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            DIRECTOR  
Name            JACKSON, TED  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            DIRECTOR  
Name            CUNNING, EVE  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            DIRECTOR  
Name            EIKE, EMILY  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

*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: KORINA BLAKER**

**PRESIDENT**

**03/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date