

DOCUMENT # 747842

1. Entity Name
THE TOWNHOUSES OF ROSEMONT GREEN II CONDOMINIUM

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90023 009 ****61.25

Principal Place of Business
4225
4227 LAKE ORLANDO PARKWAY, SO.
ORLANDO FL 32808
US

Mailing Address
4225
4227 LAKE ORLANDO PARKWAY, INC.
ORLANDO FL 32808

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1979988
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
AMORT, ALBERT R.
4227 LK ORLANDO PKWY S
ORLANDO FL 32808

7. Name and Address of New Registered Agent
Name ELISIE ADAMS
Street Address (P.O. Box Number is Not Acceptable)
4225 LAKE ORLANDO PARKWAY SOUTH
City ORLANDO FL Zip Code 32808

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.

SIGNATURE ELISIE ADAMS x Elsie Adams 3/9/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	AMORT, ALBERT R.	
STREET ADDRESS	4227 LAKE ORLANDO PKWY S	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMORT, ALBERT R.	
STREET ADDRESS	4227 LK ORLANDO PKWY S	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAM, SHIREY	
STREET ADDRESS	4233 LK ORLANDO PKWY S	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ADAMS, ELSIE	
STREET ADDRESS	4225 LAKE ORLANDO PARKWAY SOUTH	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS ELSIE	
STREET ADDRESS	4225 LAKE ORLANDO PARKWAY SOUTH	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DIKAYE SHIREY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4233 LK. ORLANDO PKWY. SO.	
STREET ADDRESS	ORLANDO FLORIDA	
CITY-ST-ZIP		

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: x SIGNATURE ADAMS 3/9/00 407-522-5412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)