2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # 747842** 1. Entity Name THE TOWNHOUSES OF ROSEMONT GREEN II CONDOMINIUM 03-12-2001 90470 006 ****61.25 Principal Place of Business Mailing Address 4225 4227 LAKE ORLANDO PARKWAY. INC. 4227 LAKE ORLANDO PARKWAY, SO. ORLANDO FL 32808 - 220 1 ORLANDO FL 32808 - 2201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-1979988 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ADAMS, ELSIE 4225 LAKE ORLANDO PARKWAY SOUTH ORLANDO FL 32808 ~ スマット Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE Change ☐ Addition NAME WILLIAM, SHIREY NAME STREET ADDRESS 4233 LK ORLANDO PKWY S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL **VPD** VPD TITLE Delete TITLE Change ☐ Addition ENDYA CUMMings 4227 Lake Orland Parkway South Orlando, FL 32808-2201 NAME ADAMS, ELSIE NAME STREET ADDRESS 4225 LAKE ORLANDO PARKWAY SOUTH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE Change ☐ Addition NAME ADAMS, ELSIE NAME STREET ADDRESS 4225 LAKE ORLANDO PARKWAY S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change Change ☐ Addition SHIREY, KAY 4233 LK. ORLANDO PARKWAY S SHIRET, KATE NAME STREET ADDRESS STREET ADDRESS 4233 LK ORLANDO POINT SO CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ORLANDO, FL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition