

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 039 ****61.25

DOCUMENT # 747842

1. Entity Name
THE TOWNHOUSES OF ROSEMONT GREEN II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 4225 LAKE ORLANDO PARKWAY, SO.
 ORLANDO FL 32808-2201
 US

Mailing Address
 4225 LAKE ORLANDO PARKWAY, SO.
 ORLANDO FL 32808-2201
 US

2. Principal Place of Business
 4229 S. Lake Orlando Pkwy

3. Mailing Address
 4229 S. Lake Orlando Pkwy

Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando FL

Zip
 32808-2201

Country
 US

Zip
 32808-2201

Country
 US



1st MOORE CR2E037 (10/05)

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
ADAMS, ELSIE
 4225 LAKE ORLANDO PARKWAY SOUTH
 ORLANDO FL 32808

7. Name and Address of New Registered Agent
 Name **Murray, Michael**
 Street Address (P.O. Box Number is Not Acceptable) **4229 S. Lake Ori. Parkway**
 City **Orlando, FL** Zip Code **32808-2201**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael MURRAY** (NOTE: Registered Agent Signature Required when reinstating)

DATE **3/11/06**

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM, SHIREY 4233 LK ORLANDO PKWY S ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PD Michael Murray 4229 S.Lk. Orlando Pkwy Orlando, FL 32808-2204
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRAY, MICHAEL 4229 S LAKE ORLANDO PKWY ORLANDO FL 32808-2204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VPD Kathleen Shirey 4233 S.Lk. Orlando Pkwy Orlando, FL 32808-2201
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, ELSIE 4225 LAKE ORLANDO PARKWAY S ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			ST La Chant Barnett 4227 S. Lk. Orlando Pkwy. Orlando, FL 32808-2201
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIREY, KAY 4233 LAKE ORLANDO PKWY SOUTH ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D Adams, Elsie G. 4225 S. Lk. Orlando Pkwy. Orlando, FL 32808-2201
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Elsie G. Adams** Elsie G. Adams 3/9/06 1-407 522-5412