2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #747842

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



FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90381 041 ****61.25

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4229 S. LAKE ORLANDO PKWY		Mailing Address 4229 S. LAKE ORLANDO PKWY ORLANDO, FL 32808-2201 US					n The n Then Ch	NI CHEO BING TIN	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	· · · · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State		- 1	4. FEI Number Applied For 59-1979988 Not Applicable				
Žip	Country	Zip	Country	1	5. Certificate o	f Status Desired	<u> </u>	\$8.75 Add Fee Require	
	5. Name and Address of Current	Registered Agent		1	7. Name and A	ddress of New I	Registered A	Agent	
	MICHAEL	-	Name						
	AKE ORLANDO PARKWAY), FL 32808-2201		Street Address		O. Box Number	is Not Acceptable	e) 		
			City				FL	Zip Cod	e
the obligat	named entity submits this statement fortions of registered agent.	r the purpose of changing its	registered office of	or registered	agent, or both	, in the State of Fi	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or planted parker of registered against	and tile if applicable. (NOTE	E. Registered Agent signs	sture required wh	en reinstating)		DATE	7.02	
			Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
_	Filing Fee is \$61.25 Due by May 1, 2008			□ \$	5.00 May Be dded to Fees				
10.	Due by May 1, 2008	Trust Fund C	Contribution.	A	dded to Fees	Flo	rida Depai	tment of Si	Late
10.	• • • • • • • • • • • • • • • • • • • •	Trust Fund C	Contribution.	A	dded to Fees		rida Depai	RECTORS IN	late
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 on name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 321 948 0598

SIGNATURE:

NG OFFICER OR DIRECTOR

Davilina Phone è