427195-B-4984 -XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748271** **(4)**

1. Corporation Name

ROSEMONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 270 5940 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810-1025 US	P. O. BOX 270 5840 N. ORANGE BLOSSOM ORLANDO FL 32810-1025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1979
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1931712 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CALL, NANCY
4201 ARBOR OAKS CT.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Pd ☒ Change ☐ Addition
NAME	COLLINS, GEORGE	1.2 NAME	CALL, Nancy
STREET ADDRESS	4073 ROSE OF SHARON DR.	1.3 STREET ADDRESS	4201 Arbor Oaks Ct
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL. 32808
TITLE	TD	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	KELLEY, JOHN	2.2 NAME	SMALL, Joe
STREET ADDRESS	4637 ROSE OF TARA WAY	2.3 STREET ADDRESS	3960 S. Lake Orlando Pkwy.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL. 32808
TITLE	VD	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	CALL, NANCY	3.2 NAME	Graham, David
STREET ADDRESS	4201 ARBOR OAKS CT.	3.3 STREET ADDRESS	4323 N. Lake Orlando Pkwy.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	CARY, FLO	4.2 NAME	SARRA, Bob
STREET ADDRESS	4370 S. LAKE ORLANDO PKWY.	4.3 STREET ADDRESS	4452 N. Lane
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	FOWLER, LUTHER	5.2 NAME	FOWLER, Luther no change
STREET ADDRESS	4208 ARBOR OAKS CT.	5.3 STREET ADDRESS	4208 Arbor Oaks Ct.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	LEONARD, JUDY	6.2 NAME	Cowles, Bill
STREET ADDRESS	4624 EDGEWATER DR.	6.3 STREET ADDRESS	4914 Briar Oaks Circle
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32808

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy A. Call 4/23/95 407-446-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nancy A. Call

0034100