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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748271 (4) 1. Corporation Name ROSEMONT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business BOX 270 5840 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810-1025 US			Mailing Address P.O. BOX 607217 ORLANDO FL 32860-7217 US		
2. Principal Place of Business 21 3800 WINGED FOOT CT. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32808		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US		3. Date Incorporated or Qualified 07/31/1979 4. FEI Number 59-1931712 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GRAHAM, DAVID 4323 N LAKE ORLANDO PKWY ORLANDO FL 32808			10. Name and Address of New Registered Agent 81 Name VICKI VARGO 82 Street Address (P.O. Box Number is Not Acceptable) 3800 WINGED FOOT COURT 83 84 City ORLANDO FL 85 Zip Code 32808		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Vicki Vargo</i> VICKI VARGO 1/21/98 (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS TITLE VPD NAME CACCIO, VIRGINIA STREET ADDRESS 4504 PAGEANT WAY CITY-ST-ZIP ORLANDO FL TITLE TD NAME SMALL, JOE STREET ADDRESS 3960 S LAKE ORLANDO PKWY CITY-ST-ZIP ORLANDO FL TITLE PD NAME GRAHAM, DAVID STREET ADDRESS 4323 N LAKE ORLANDO PKWY CITY-ST-ZIP ORLANDO FL TITLE SD NAME SARRA, BOB STREET ADDRESS 4452 N LANE CITY-ST-ZIP ORLANDO FL TITLE D NAME FOWLER, LUTHER STREET ADDRESS 4208 ARBOR OAKS CT. CITY-ST-ZIP ORLANDO FL TITLE D NAME COWLES, BILL STREET ADDRESS 4914 BRIAR OAKS CIRCLE CITY-ST-ZIP ORLANDO FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1 PD 1.2 NAME VARGO, VICKI 1.3 STREET ADDRESS 3800 WINGED FOOT CT 1.4 CITY-ST-ZIP ORLANDO, FL 32808 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE VD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE SD 5.2 NAME BIRKLEY, LEROY 5.3 STREET ADDRESS 4522 PAGEANT WAY 5.4 CITY-ST-ZIP ORLANDO, FL 32808 6.1 TITLE D 6.2 NAME HENDERSON, BENNIE 6.3 STREET ADDRESS 4643 ROSE OF TARA WAY 6.4 CITY-ST-ZIP ORLANDO, FL 32808		

14. 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 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: *Joseph L. Small* JOSEPH L. SMALL, TREASURER 2/1/98 (407) 299-7486

CR2E037 (10/97)