

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *CA*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748271

1. Corporation Name

ROSEMONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3800 WINGED FOOT CT
ORLANDO FL 32808
US

P.O. BOX 807217
ORLANDO FL 32880-7217
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *99*

4. Date Incorporated or Qualified To Do Business in Florida

07/31/1979

5. FEI Number

56-1931712

Applied *SP*
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 / Article of Incorporation for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
FPD	VARGO, VICKI	3800 WINGED FOOT CT	ORLANDO FL 32808
<i>VD</i>	SMALL, JOE	3880 S LAKE ORLANDO PKWY	ORLANDO FL 32808
<i>TD</i>	GARY BOB HARVEY, John	4450 N LANE 5123 ROSE BAY DR	ORLANDO FL 32808
SD	BRICKLEY, LEROY NEWTON, HELEN	4622 PAGEANT WAY 4696 NORTH LANE	ORLANDO FL 32808
D	HENDERSON BENNIE	4843 ROSE OF TARA WAY	ORLANDO FL 32808
<p>300003081029-0 -12/06/99-01014-005 ***236.25 ***236.25</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VARGO, VICKI
3800 WINGED FOOT COURT
ORLANDO FL 32808

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Clucki Edg...

Date

11-11-99

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JOHN HARVEY

Date

11-11-99

407-857-5443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #