

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748271

1. Entity Name

ROSEMONT HOMEOWNERS ASSOCIATION, INC. ✓

Principal Place of Business

3800 WINGED FOOT CT
ORLANDO FL 32808
US

Mailing Address

P.O. BOX 607217
ORLANDO FL 32860-7217
US

2. Principal Place of Business ~~DE SMALL~~

3. Mailing Address

3960 SO. LAKE ORLANDO PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

Zip

FL

Country

U.S.A.

Zip

32808

Country

4. FEI Number

59-1931712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGO, VICKI
3800 WINGED FOOT COURT
ORLANDO FL 32808

Name

JOE SMALL

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

3960 SO. LAKE ORLANDO PKWY

City

ORLANDO

FL

Zip Code

32808

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.

SIGNATURE

Joe Small

7/31/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	FPD	<input checked="" type="checkbox"/> Delete
NAME	VARGO, VICKI	
STREET ADDRESS	3800 WINGED FOOT CT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete
NAME	SMALL, JOE	
STREET ADDRESS	3960 S LAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARVEY, JOHN	
STREET ADDRESS	5123 ROSE BAY DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEWTON, HELEN	
STREET ADDRESS	4696 NORTH LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON BENNIE	
STREET ADDRESS	4643 ROSE OF TARA WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE-PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAGUSO, Anthony	
STREET ADDRESS	4524 S. Lake Orlando Pkwy.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 which I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/2000

Date

(407) 857-5663

Daytime Phone #

CR2E037 (5/00)