

2001 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

3960 S LAKE ORLANDO PARKWAY
ORLANDO FL 32808
US

2. Principal Place of Business

3960 S. LAKE ORLANDO PKWY

3. Mailing Address

P.O. BOX 607217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO

Zip

32808

Country

USA

Zip

FL

Country

32860-7217

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

SMALL, JOE
3960 S LAKE ORLANDO PARKWAY
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FPD
VARGO, VICKI
3800 WINGED FOOT CT
ORLANDO FL 32808 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMALL, JOE
3960 S LAKE ORLANDO PKWY
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HARVEY, JOHN
5123 ROSE BAY DR
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NEWTON, HELEN
4696 NORTH LANE
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENDERSON BENNIE
4643 ROSE OF TARA WAY
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ANTHONY RAGUSO
4524 S. LAKE ORLANDO PKWY
ORLANDO, FL 32808 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARY DELANCEY
4522 S. LAKE ORLANDO PKWY
ORLANDO, FL 32808 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90229 034 ****61.25

00050367



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)