

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0074501

**DOCUMENT # 748271**

1. Entity Name

**ROSEMONT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**3960 S LAKE ORLANDO PWY  
ORLANDO FL 32808  
US**

Mailing Address

**PO BOX 607217  
ORLANDO FL 32808  
US**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

**SMALL, JOSEPH L  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RAGUSO, ANTHONY**  
STREET ADDRESS **4524 S LAKE ORLANDO PWY**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D - PRES.** ☐ Delete  
NAME **SMALL, JOSEPH L**  
STREET ADDRESS **3960 S LAKE ORLANDO PKWY**  
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **D** ☒ Delete  
NAME **NEWTON, HELEN**  
STREET ADDRESS **4696 NORTH LANE**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VD** ☒ Delete  
NAME **WIGGINS, LINDA**  
STREET ADDRESS **4475 REAL CT.**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** ☐ Delete  
NAME **LOOK, DAVID**  
STREET ADDRESS **4544 S. LAKE ORL. PKWY**  
CITY-ST-ZIP **ORLANDO FL 32808**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR - VICE PRES.** ☐ Change ☒ Addition  
NAME **KENNEDY, LARRY**  
STREET ADDRESS **3872 NORTH LAKE ORL PKWY,**  
CITY-ST-ZIP **ORLANDO, FL 32808**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**JOHN HARVEY, 4/28/03 (401) 857-5663**

CR2E037 (10/02)