

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765507 (9)

1. Corporation Name
ROSEMONT CONDOMINIUM HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
SOUTH FLORIDA MANAGEMENT SERVICE 9990 SW 77TH AVENUE, SUITE 330 MIAMI FL 33156	SOUTH FLORIDA MANAGEMENT SERVICE 9990 SW 77TH AVENUE, SUITE 330 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1982	3a. Date of Last Report 03/01/1994
4. FEI Number 59-2288086	Applied For Not Applicable

2. Principal Place of Business 21. South Florida Management Service Suite, Apt. #, etc. D - 1 City & State 23. Miami, Florida Zip 24. 33186	2a. Mailing Address 25. 13200 S.W. 128th Street Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 25. USA
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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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, 33134	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JESSICA	1.2 NAME	Carter, Jessica
STREET ADDRESS	27530 SW 138 PL	1.3 STREET ADDRESS	22030 S.W. 122nd Avenue
CITY-ST-ZIP	NARANJA FL	1.4 CITY-ST-ZIP	Miami, Florida 33170
TITLE	VPD	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, JEFF	2.2 NAME	Abell, Jeff
STREET ADDRESS	13846 SW 274 TERR	2.3 STREET ADDRESS	9605 Outler Ridge Drive
CITY-ST-ZIP	NARANJA FL	2.4 CITY-ST-ZIP	Miami, Florida 33157
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, GALE	3.2 NAME	Walters, Gale
STREET ADDRESS	13771 SW 274 TERRACE	3.3 STREET ADDRESS	18720 S.W. 295th Terrace
CITY-ST-ZIP	NARANJA FL	3.4 CITY-ST-ZIP	Homestead, Florida 33030
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFEL, KARL	4.2 NAME	Saffell, Karl
STREET ADDRESS	21801 SW 147TH AVE	4.3 STREET ADDRESS	21801 S.W. 147th Avenue
CITY-ST-ZIP	GOULDS FL	4.4 CITY-ST-ZIP	Miami, Florida 33170
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, PAUL	5.2 NAME	Castellano, Paul
STREET ADDRESS	13851 SW 274 TERRACE	5.3 STREET ADDRESS	7150 Lea Street
CITY-ST-ZIP	NARANJA FL	5.4 CITY-ST-ZIP	Hollywood, Florida 33024
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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: X. G. Walters GALE B. WALTERS 2/10/95 305-593-6991
Signature and typed or printed name of signing officer or director

SECRETARY