1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90016 030 ****61.25

DOCUMENT # N04501

ROSEMERE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 385

GOTHA FL 34734-7385

Mailing Address

P O BOX 385 GOTHA FL 34734-7385



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0 Detection 1	Disease of Descious	2a. Mailing Address			Date Incorporated or Qualifed		
	- 				08/01/1984		
21 Suite 4-4	# ata	Suite, Apt. #, etc.			4. FEI Number	17	Applied For
					59-2562855		Not Applicable
22		City & State				\$8.75	Additional
City & Sta	ite	28			5. Certifcate of Status Desired	7	Required
Zip	Country	Zip	Country	у	6. Election Campaign Financing	\$5.0	O May Be
24	25	29 3	0		Trust Fund Contribution		d to Fees
	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Reg	istered Agent	
			81	Name	· ·		
					(5.0.5.1)		
SARDISC			82	Street Add	ress (P.O. Box Number is Not Acceptable	3)	
644 ROSEMERE CR			83				
ORLAND	O FL 32835						
,			84	City		FI 85 Zi	p Code
44 🗅	to the manifeless of Continue 617 DEC	22 and 617 1508 Florida Statutes	the abov	/e-named corr	poration submits this statement for the pu	rpose of changing	its registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut	norizea by	/ tne corporati	on's board of directors. I hereby accept t	ne appointment as	registered
SIGNATURE	Clearly board as usinted name of corretered name	at and title if applicable /NOTE: R	enstered Ade	ent signature require	ed when reinstating)	DATE	
12.					ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	rors in 12
TITLE	T	DELETE	1,1 TITLE			☐ Change	e 🔲 Addition
NAME	BOURGEOIS, ROB		1.2 NAME		•		
	1			ET ADDRESS			
STREET ADDRESS	***************************************		1	1			
CITY-ST-ZIP	ORLANDO FL 32835	DELETE	1.4 CITY-	51- <i>D</i> P		Change	e Addition
TITLE	DVP	- Dette ie					
NAME	NIGHTENGALE, BOB		2.2 NAME	~~~		~ **	
STREET ADDRESS			1	ET ADDRESS		•	
CITY-ST-ZIP	ORLANDO FL 32835		2, 4 CITY-	ST-ZIP		- Chang	a Addition
TITLE	TS	☐ DELETE	3.1 TITLE			Change	e 🔲 Addition
NAME	ALLRED, SUE		3.2 NAME				
STREET ADDRESS	s 653 ROSEMERE CR		3.3 STREE	ET ADORESS			
CITY-ST-ZIP	ORLANDO FL 32835		3.4. CITY-	ST-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE			Chang	e
NAME	YOUNG, LAURA		4. 2 NAME	 			
STREET ADDRES			4.3 STREI	ET ADDRESS	•		
CITY-ST-ZIP	ORLANDO FL 32835		4.4 CITY-	ST-ZIP			
TITLE	T	☐ DELETE	5.1 TITLE			☐ Chang	e
NAME	HOLLAND, GARY		5.2 NAME				
STREET ADDRES			5.3 STREE	ET ADORESS			
i	ORLANDO FL 32835		5.4 CITY-	ST-ZIP			
CITY-ST-ZIP	DP	☐ DELETE	6.1 TITLE			☐ Chang	e Addition
1	1 -		6.2 NAME	.			_
NAME	SARDISCO, KRIS			ET ADDRESS			
STREET ADDRES	OTT TOOLINGTIC OUT						
מוד דם עדום)	ODLANDO EL 22925		6.4 CITY-	ગા-∠1 ૮ ી			

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 annual report or suppliemental 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, with all other like empowered.