2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90080 006 ****61.25

DOCUMENT # N04501

1. Entity Name
ROSEMERE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 385 GOTHA, FL 34734-7385 US	P O BOX 385 GOTHA, FL 34734-7385 US

04072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2562855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~FLEMING, CRAIG~~
~~8709 ROSE POINT COURT~~
~~ORLANDO, FL 32835~~

7. Name and Address of New Registered Agent

Name CINDI OWEN
Street Address (P.O. Box Number is Not Acceptable)
617 ROSEGATE LANE
City ORLANDO FL Zip Code 32835

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 Cindi Owen 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLEMING, CRAIG 8709 ROSE POINTE COURT ORLANDO, FL 32835	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CINDI OWEN 617 Rosegate Lane Orlando, FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FISHER, STEVE 828 ROSEMERE CIRCLE ORLANDO, FL 32835	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Joan Seaberg 805 Rosemere Circle Orlando, FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TERRY, ANGELA 685 ROSEMERE CIRCLE ORLANDO, FL 32835	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Georganne Lins 644 Rosemere Circle Orlando, FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ WALSH, ANGELA 645 ROSEMERE CIRCLE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Walsh, Angela 645 Rosemere CIRCLE Orlando, FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Angela K. Walsh Angela K. Walsh 4/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-298-7450