## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04501

FILED May 17, 2006 Secretary of State

Entity Name: ROSEMERE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 385 P.O. BOX 385

GOTHA, FL 347347385 US GOTHA, FL 347340385 US

Current Mailing Address: New Mailing Address:

P O BOX 385 P O BOX 385

GOTHA, FL 347347385 US GOTHA, FL 347340385 US

FEI Number: 59-2562855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OWEN, CINDI ROGERS, JONI

617 ROSEGATE LANE 706 ROSEMERE CIRCLE ORLANDO, FL 32835 US ORLANDO, FL 32835 US

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: JONI ROGERS 05/17/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 OWEN, CINDI
 Name:
 BRANDT, ERIK

 Address:
 617 ROESGATE LANE
 Address:
 731 ROSEMERE CIR

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:
 ORLANDO, FL 32835

Title: V () Delete Title: V (X) Change () Addition

 Name:
 SEABERG, JOAN
 Name:
 BEECHY, MIKE

 Address:
 805 ROSEMERE CIRCLE
 Address:
 623 ROSEGATE

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:
 ORLANDO, FL 32835

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$ 

 Name:
 LINS, GEORGANNE
 Name:
 GALBRAITH, RON

 Address:
 644 ROSEMERE CIRCLE
 Address:
 659 ROSEGATE

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:
 ORLANDO, FL 32835

 Name:
 WALSH, ANGELA
 Name:
 ROGERS, JONI

 Address:
 645 ROSEMERE CIRCLE
 Address:
 706 ROSEMERE CIRCLE

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:
 ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONI ROGERS T 05/17/2006