

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06928

FILED
Jan 08, 2009
Secretary of State

Entity Name: ROSEMONT SUBDIVISION HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% CHARLES WILLIAMS
2810 ASBURY HILL DR.
TALLAHASSEE, FL 323122864

Current Mailing Address:

% CHARLES WILLIAMS
2810 ASBURY HILL DR.
TALLAHASSEE, FL 323122864

New Principal Place of Business:

% PATRICIA MOIR
2830 ASBURY HILL DR.
TALLAHASSEE, FL 323122864

New Mailing Address:

% PATRICIA MOIR
2830 ASBURY HILL DR.
TALLAHASSEE, FL 323122864

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOLLSCHLAGER, T. LYNN
2865 ASBURY HILL DR
TALLAHASSEE, FL 323122864 US

Name and Address of New Registered Agent:

MOIR, EDWIN L
2830 ASBURY HILL DR
TALLAHASSEE, FL 323122864 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: EDWIN MOIR 01/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BARNETT, WILLIAM
Address: 2820 ASBURY HILL DR.
City-St-Zip: TALLAHASSEE, FL 323122864

Title: ST () Delete
Name: MOIR, PAT
Address: 2830 ASBURY HILL DR.
City-St-Zip: TALLAHASSEE, FL 323122864

Title: P () Delete
Name: WOLLSCHLAGER, T. LYNN
Address: 2865 ASBURY HILL DR
City-St-Zip: TALLAHASSEE, FL 323162864

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MOIR, EDWIN L
Address: 2830 ASBURY HILL DR
City-St-Zip: TALLAHASSEE, FL 323162864

I hereby certify that the information supplied with this filing does not qualify 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: EDWIN MOIR PRES 01/08/2009

Electronic Signature of Signing Officer or Director Date