2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # N28763 Mar 04, 2005 08:00 AM 1. Entity Name **Secretary of State** THE ROSEMONT SHORES CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business VELMA JONES-WARE 4552 N. LAKE ORL PKWY PO BOX 0774 C/O LIGHTHOUSE MGMT ORLANDO FL 32808 WINDERMERE FL 34786-0774 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2942455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEAN & MELCHOW, P.A. Street Address (P.O. Box Number is Not Acceptable) 646 EAST COLONIAL DR ORLANDO FL 32803 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61,25 .9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD Delete TITLE Change Addition HILE NORBERG, VAL NAME NAME 4572 N. LAKE ORLANDO PKWY STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-7IP TD TITLE ☐ Change ☐ Addition TITLE ☐ Delete 03/04/05-80050-018 61.25 FLEMING, CHARLOTTE NAME NAME 4566 N LAKE ORLANDO PKWY STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY - ST - ZIP CHY-ST-ZIP PD ☐ Change ☐ Addition TITLE ☐ Delete WARE, VELMA JONES NAME 4552 N LAKE ORLANDO PKWY STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST- ZIP CITY-ST-ZIP TITL F ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP ☐ Addition TITLE ☐ Delete Trice Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath, 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.