

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUL 31 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N28763		
1. Entity Name THE ROSEMONT SHORES CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business VELMA JONES-WARE 4552 N. LAKE ORL PKWY ORLANDO, FL 32808 US	Mailing Address PO BOX 0774 C/O LIGHTHOUSE MGMT WINDERMERE, FL 34786-0774 US
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2. Principal Place of Business PAMELA JOHNSON Suite, Apt. #, etc. 4558 N. LAKE ORLANDO PKWY City & State ORLANDO FL Zip 32808 Country USA		3. Mailing Address PO BOX 607507 Suite, Apt. #, etc. City & State ORLANDO FL Zip 32860 Country USA	
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07172006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2942455	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEAN & MELCHOW, P.A. 646 EAST COLONIAL DR ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	PAMELA JOHNSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBERG, VAL			NAME	4558 N. LAKE ORLANDO PKWY		
STREET ADDRESS	4572 N. LAKE ORLANDO PKWY			STREET ADDRESS	ORLANDO FL 32808		
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	S CHARLOTTE FLEMING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEMING, CHARLOTTE			NAME	4566 N. LAKE ORLANDO PKWY		
STREET ADDRESS	4566 N LAKE ORLANDO PKWY			STREET ADDRESS	ORLANDO FL 32808		
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	MALCOLM WARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARE, VELMA JONES			NAME	4564 N. LAKE ORLANDO PKWY		
STREET ADDRESS	4552 N LAKE ORLANDO PKWY			STREET ADDRESS	ORLANDO FL 32808		
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:	MALCOLM WARD	TREASURER	7.26.06	407 2955333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	