

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

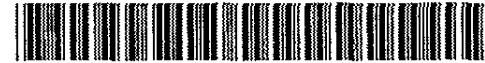
DOCUMENT # N28763

1. Entity Name
**THE ROSEMONT SHORES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**PAMELA JOHNSON
4558 N LAKE ORLANDO PKWY
ORLANDO, FL 32808 US**

Mailing Address
**PO BOX 607 507
ORLANDO, FL 32860 US**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2942455

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAN & MELCHOW, P.A.
646 EAST COLONIAL DR
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
JOHNSON, PAMELA
4558 N LAKE ORLANDO PKWY
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
FLEMING, CHARLOTTE
4566 N LAKE ORLANDO PKWY
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
WARD, MALCOLM
4564 N LAKE ORLANDO PKWY
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000583780
01/12/07-80010-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALCOLM WARD

1-9-07

Date

407 295 5333

Daytime Phone #