


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43977</b> 1. Entity Name <b>ROSEMONT COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>105 E ROBINSON STREET #540 ORLANDO, FL 32801 US</b>	Mailing Address <b>105 E ROBINSON STREET #540 ORLANDO, FL 32801 US</b>
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08092005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3077870</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>OSWALD, KENNETH F. 600 COURTLAND ST SUITE 110 ORLANDO, FL 32804</b>
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**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BYWATER, F B 105 E ROBINSON #540 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ARMSTRONG, PATRICK J 1101 N LAKE DESTINY #450 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOBLE, CINDY 105 E ROBINSON STREET #540 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000376252  
08/12/05-80001-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-9-05** **407 206 5129**  
Date Daytime Phone