

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43977**

1. Entity Name  
**ROSEMONT COMMERCE PARK PROPERTY OWNERS  
ASSOCIATION, INC**



Principal Place of Business  
**105 E ROBINSON STREET  
#540  
ORLANDO, FL 32801 US**

Mailing Address  
**105 E ROBINSON STREET  
#540  
ORLANDO, FL 32801 US**



01052006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3077870**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**OSWALD, KENNETH F.  
600 COURTLAND ST  
SUITE 110  
ORLANDO, FL 32804**

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BYWATER, F B
STREET ADDRESS	105 E ROBINSON #540
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	STD
NAME	ARMSTRONG, PATRICK J
STREET ADDRESS	1101 N LAKE DESTINY #450
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	NOBLE, CINDY
STREET ADDRESS	105 E ROBINSON STREET #540
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110100330436  
01/11/06-80013-025 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, 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

Date

Daytime Phone #

1-5-06 407206572