


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

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N43977 1. Entity Name ROSEMONT COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 105 E ROBINSON STREET #540 ORLANDO, FL 32801 US | Mailing Address 105 E ROBINSON STREET #540 ORLANDO, FL 32801 US |
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01192007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3077870 | Applied For Not Applicable |
| 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 OSWALD, KENNETH F. 600 COURTLAND ST SUITE 110 ORLANDO, FL 32804 |
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IN THIS SPACE**

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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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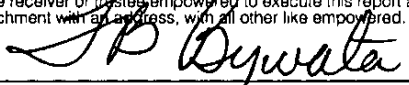
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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| 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 | |
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| 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. |
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|---|---------------------|-------------------------------------|
| SIGNATURE:  F.B. BYWATER | Date 1/24/07 | Daytime Phone # 407 206 5729 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |