

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 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**



02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3077870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000828445
02/26/08-80001-006 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, with all other like empowered.

SIGNATURE: *FB Bywater* **FB BYWATER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 **2/8/08** *407 206 5129* **407 206 5129**
Date Daytime Phone #