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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000295

1. Corporation Name
VILLAS OF ROSEMONT GREEN HOMEOWNERS' ASSOCIATION , INC.

Principal Place of Business	Mailing Address
3210 DADE AVE ORLANDO FL 32804 US	3210 DADE AVE ORLANDO FL 32804 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 [illegible]	26 P.O. Box 941-092	01/23/1995
Suite, Apt. #, etc. 22 328 PARK AVE	Suite, Apt. #, etc. 27 MAITLAND FL 32794	4. FEI Number 59-3302421 ☐ Applied For ☐ Not Applicable
City & State 23 Winter PARK FL	City & State 28	5. Certificate of Status Desired ☐ $~~$0.75~~ Additional Fee Required
Zip / Country 24 32789 25 US	Zip / Country 29 32794 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANDERLIN, JOANNE DAVID A. KONKA 3210 DADE AVE 328 PARK AVE ORLANDO FL 32804 Winter PARK, FL 32789	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SQUILLANTE, JUDY 3210 DADE AVENUE ORLANDO FL 32804	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT D DAVID KONKA 328 PARK AVE WINTER PARK FL 32787	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERLIN, W M 3210 DADE AVE ORLANDO FL 32804	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P. D FRANK ARIA 4247 PLANTATION CR. ORLANDO FL 32808	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERLIN, JOANNE 3210 DADE AVE ORLANDO FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER / SECRETARY D JUDY ARIA 4247 PLANTATION CR. ORLANDO, FL 32808	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

539-2938

SIGNATURE: SIGNATURE DAVID A. KONKA 5/1/99 407 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #