

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002058

FILED
Apr 16, 2007
Secretary of State

Entity Name: THE TOWNHOMES OF ROSEMONT GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3390188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EBMEIER, ED
Address: 4136 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: VPD () Delete
Name: JAMES, RICHARD
Address: 4119 S LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

Title: STD () Delete
Name: ARMSTRONG, AMELIA
Address: 4123 S LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: EBMEIER, ED
Address: 4136 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: STD (X) Change () Addition
Name: JAMES, RICHARD
Address: 4119 S LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

Title: PD (X) Change () Addition
Name: ARMSTRONG, AMELIA
Address: 4123 S LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMELIA ARMSTRONG

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date