

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

DOCUMENT # N12558			
1. Entity Name LAVENDER WATERWAY VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 138 LAVENDER AVENUE LAKE PLACID FL 33852 US		Mailing Address 138 LAVENDER LANE LAKE PLACID FL 33852	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number NO-T APPLICABLE		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 COSGRAVE, ROSEMARY D 138 LAVENDER AVENUE LAKE PLACID FL 33852		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD COSGRAVE, ROSEMARY D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	138 LAVENDER AVENUE			NAME	STREET ADDRESS		
STREET ADDRESS	LAKE PLACID FL 33852			STREET ADDRESS	CITY - ST - ZIP		
CITY - ST - ZIP				CITY - ST - ZIP	UD0000414308 02/11/06-80033-009 61.25		
TITLE	VPD ROSA, RICHARD K	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	136 LAVENDER AVENUE			NAME	STREET ADDRESS		
STREET ADDRESS	LAKE PLACID FL 33852			STREET ADDRESS	CITY - ST - ZIP		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	STD CARTER, ROBERT W	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	134 LAVENDER AVENUE			NAME	STREET ADDRESS		
STREET ADDRESS	LAKE PLACID FL 33852			STREET ADDRESS	CITY - ST - ZIP		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME	STREET ADDRESS		
STREET ADDRESS				STREET ADDRESS	CITY - ST - ZIP		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME	STREET ADDRESS		
STREET ADDRESS				STREET ADDRESS	CITY - ST - ZIP		
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, in all other like empowered.

SIGNATURE: *Rosemary D. Cosgrave President* *Rosemary D. Cosgrave 1/25/06 863465-6961*