

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90717 032 ****61.25

DOCUMENT # N12558

1. Entity Name
LAVENDER WATERWAY VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**138 LAVENDER AVENUE
LAKE PLACID FL 33852
US** **134 LAVENDER AVENUE
LAKE PLACID FL 33852**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. *138 Lavender Ave.*
Suite, Apt. #, etc.

City & State City & State

LAKE PLACID, FLORIDA

Zip Country Zip Country

33852 Highlands

4. FEI Number **65-0039167** Applied For
 Not Applicable

5. Certificate of Status Desired **-\$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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COSGRAVE, ROSEMARY D	
STREET ADDRESS	138 LAVENDER AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROSA, RICHARD K	
STREET ADDRESS	138 LAVENDER AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARTER, ROBERT W	
STREET ADDRESS	134 LAVENDER AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Rosemary D. Cosgrave* *4/3/2003 (863) 465-2661*

CR2E037 (10/02)