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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001976 (7)

1. Corporation Name

ROCKLAKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

423 VENTURA AVENUE
ORLANDO FL 32805

423 VENTURA AVENUE
ORLANDO FL 32805-1357

3. Date Incorporated or Qualified
04/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 305 Ramona Ln.

Suite, Apt. #, etc.

22 City & State

Orlando, Florida

23 Zip 32805

25 Country USA

2a. Mailing Address

26 505 Ramona Ln.

Suite, Apt. #, etc.

27 City & State

Orlando, Florida

29 Zip 32805

30 Country USA

4. FEI Number

59-3427922

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, MARTHA
423 VENTURA AVENUE
ORLANDO FL 32805

81 Name Young, Sylvia J.

82 Street Address (P.O. Box Number is Not Acceptable)
505 Ramona Ln.

83 Orlando

84 City

FL

85 Zip Code

32805

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

Sylvia J. Young

Signature typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, MARTHA	
STREET ADDRESS	423 VENTURA AVENUE	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, ARTHUR	
STREET ADDRESS	605 ROMONA LANE	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT-EDWARDS, BERNICE	
STREET ADDRESS	439 VENTURA AVENUE	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, PHYLLIS	
STREET ADDRESS	511 RAMONA LANE	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	(D) Young, Sylvia / PRES / <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Young, Sylvia / PRES / DIRECTOR
1.3 STREET ADDRESS	505 Ramona Ln
1.4 CITY - ST - ZIP	ORLANDO, FLORIDA 32805
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	(D) Francis, Alyce / Vice Pres / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Francis, Alyce / Vice Pres / Director
4.3 STREET ADDRESS	433 Ventura Avenue
4.4 CITY - ST - ZIP	Orlando, Florida 32805
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Sylvia J. Young REQUIRED President/Dir. 2/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016836

CR2E037 (9/96)