

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90030 012 ****70.00

DOCUMENT # N96000001976

1. Entity Name
ROCKLAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
433 VENTURA AVENUE 433 VENTURA AVENUE
ORLANDO FL 32805 ORLANDO FL 32805
US US

LUUJBUJ3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
433 Ventura Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Orlando, Florida 59-3427922 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32805 Orange 32805 Orange

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FRANCIS, ALYCE Name
433 VENTURA AVENUE Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32805 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.

SIGNATURE Alyce M. Francis *Alyce M. Francis* 3/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOSTER, LIONEL 233 NORTH LAKELAND AVENUE ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Margret Hill 538 So. Dollins Street Orlando, Florida 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDWARDS, BERNICE 439 VENTURA AVENUE ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Hudie Stone 533 Peterson Street Orlando, Florida 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEE, EOIS 312 SOUTH DOLLINS ST ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lionel Foster 233 North Lakeland Avenue Orlando, Florida 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRIGHT, DIANN 430 VENTURA AVE ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Bernice Edwards 439 Ventura Avenue Orlando, Florida 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STONE, HUDIE 533 PETERSON ST ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Elois Lee 312 South Dollins Street Orlando, Florida 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Diann Bright 430 Ventura Avenue Orlando, Florida 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Signature Required* 3/17/2001 407-423-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc# N96000001976-C0036039

2001 UNIFORM BUSINESS REPORT (UBR)

0029423

DOCUMENT # **N96000001976**
 Entity Name **ROCKLAKE HOMEOWNERS ASSOCIATION, INC.**

(Continued 2nd page.)

Principal Place of Business: **3 VENTURA AVENUE ORLANDO FL 32805**
 Mailing Address: **433 VENTURA AVENUE ORLANDO FL 32805 US**



Principal Place of Business: **433 Ventura Avenue**
 3. Mailing Address: [Redacted]

DO NOT WRITE IN THIS SPACE

City & State: **Orlando, Florida** 4. FEI Number: **59-3427922** Applied For: Not Applicable:

Zip: **32805** Country: **Orange** 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **FRANCIS, ALYCE 433 VENTURA AVENUE ORLANDO FL 32805**
 7. Name and Address of New Registered Agent: [Redacted]

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: **Alyce M. Francis** *Alyce M. Francis* DATE: **3/16/2001**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees (Continue)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN '01)	
TITLE: DP NAME: FOSTER, LIONEL STREET ADDRESS: 233 NORTH LAKELAND AVENUE CITY - ST - ZIP: ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete		TITLE: DC NAME: Grace Mitchell STREET ADDRESS: 528 Ventura Avenue CITY - ST - ZIP: Orlando, Florida 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DS NAME: EDWARDS, BERNICE STREET ADDRESS: 439 VENTURA AVENUE CITY - ST - ZIP: ORLANDO FL 32805 <input type="checkbox"/> Delete		TITLE: DCM NAME: Alyce Francis STREET ADDRESS: 433 Ventura Avenue CITY - ST - ZIP: Orlando, Florida 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DT NAME: LEE, EOIS STREET ADDRESS: 312 SOUTH DOLLINS ST CITY - ST - ZIP: ORLANDO FL 32805 <input type="checkbox"/> Delete			
TITLE: DC NAME: BRIGHT, DIANN STREET ADDRESS: 430 VENTURA AVE CITY - ST - ZIP: ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete			
TITLE: DC NAME: STONE, HUDIE STREET ADDRESS: 533 PETERSON ST CITY - ST - ZIP: ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete			
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank] <input type="checkbox"/> Delete			

CR2E037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Alyce M. Francis** DATE: **3/17/2001** 409-423-5501