NOT-FOR-PROFIT CORPORATION

FILED Feb 21, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N96000001976 02-21-2002 90328 037 ****70.00 ROCK LAKE HOMEOWNERS & NEIGHBORHOOD ASSOC, INC 84414 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 433 VENTURA AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For City & State ORLANDO. City & State 4. FEI Number FLORIDA 59-3427922 Not Applicable Zip ---\$8:75 Additional Country Country 5. Certificate of Status Desired 32805 Fee Required ORANGE 7. Name and Address of Current Registered Agent Name ALYCE M. FRANCIS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 433 VENTURA AVENUE Zip Code 32805 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees Initial or Amended UBR OFFICERS AND DIRECTORS 10. CR2E037B (12/01) PRIGHT FILL TITLE TITLE MARGRET HILL NAME NAME 538 SO. DOLLINS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FLORIDA 32<u>805</u> TITLE TITLE NAME HUDIE STONE STREET ADDRESS 533PETERSON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FLORIDA 32805 TITLE TITLE Lionel foster NAME NAME 233 NO. LAKELAND AVE. STREET ADDRESS STREET ADDRESS DO-NOT-WRITE ORLANDA FLORIDA 32805 CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE BERNICE SCOTT EDWARDS NAME NAME 439 VENTURA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDA, FLORIDA 32805 CITY-ST-ZIP TITLE TITLE ELOIS LEE NAME NAME 312 SO. DOLLINS STREET STREET ADDRESS STREET ADDRESS ORLANDO, FLORIDA 32805 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE С

ORLANDO, FLORIDA 32805 12. I hereby certify that the information supplied with this filing does not quality 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DIANN BRIGHT

430 VENTURA AVENUE

NAME

STREET ADDRESS

CITY-ST-7IP

NOT-FOR-PROFIT CORPORATION

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. Principal Pla	ace of Business	3. Mailing Address		<u> </u>	
433VENTURA AVENUE		Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For
ORLAN	VDO, FLORIDA	Zip	Country	59-3427922	Not Applicable \$8.75 Additional
32805	5 ORANGE	3		 Certificate of Status Desired Name and Address of Current Registere 	Fee Required
			Name A T.YC	CE M. FRANCIS	ou Agent
	DO NO	T WRITE		(P.O. Box Number is Not Acceptable)	
IN THIS SPAC		SPACE		VENTURA AVENUE ANDO FL Zip Code 32805	
			City ORLA		
GNATURE _	named entity submits this sta	istered agent and title if applicable	(NOTE: Registered Agent signature requir	ed when reinstating) DATE	
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SIGNATURE: