

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

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90328 037 ****70.00

DOCUMENT # N96000001976

1. Entity Name
ROCK LAKE HOMEOWNERS & NEIGHBORHOOD ASSOC. INC.

DO NOT WRITE IN THIS SPACE

84414

2. Principal Place of Business
433 VENTURA AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLORIDA

City & State

4. FEI Number
59-3427922

Applied For
Not Applicable

Zip
32805

Country
ORANGE

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALYCE M. FRANCIS

Street Address (P.O. Box Number is Not Acceptable)

433 VENTURA AVENUE

City
ORLANDO

FL

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARGRET HILL
538 SO. DOLLINS STREET
ORLANDO, FLORIDA 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HUDIE STONE
533 PETERSON STREET
ORLANDO, FLORIDA 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LIONEL FOSTER
233 NO. LAKELAND AVE.
ORLANDO, FLORIDA 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BERNICE SCOTT EDWARDS
439 VENTURA AVENUE
ORLANDO, FLORIDA 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ELOIS LEE
312 SO. DOLLINS STREET
ORLANDO, FLORIDA 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
DIANN BRIGHT
430 VENTURA AVENUE
ORLANDO, FLORIDA 32805

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alyce M. Francis 2/14/2002 407-423-5501

CR2E037B (12/01)

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*Attachment
824414*

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Make Check Payable to Department of State

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SIGNATURE: *Alyce M. Francis* 2/14/2002 407-423-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year) (Telephone Number)

CR2E037B (12/01)