

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

DOCUMENT # *N 960000 1976*



FILED

04 JUN -8 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Rock Late Homeowner + Neighborhood Assn

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

433 Ventura Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

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

7. Name and Address of Current Registered Agent

Name *Alice M. Francis*

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

City *Orlando*

FL

Zip Code *32805*

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
Grace Mitchell
STREET ADDRESS
528 Ventura Ave Apartment 2A12B D.
CITY-ST-ZIP
Orlando, FL 32805

TITLE NAME
300035721763
STREET ADDRESS
*05/06/04-01067-019 **70.00*
CITY-ST-ZIP

TITLE NAME
Alice M. Francis
STREET ADDRESS
433 Ventura
CITY-ST-ZIP
Orlando, FL 32805
Senior's Director

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Margaret Hill
STREET ADDRESS
538 So. Collins Ave
CITY-ST-ZIP
Del FL 32805
Pres.

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME
Bernice Edward
STREET ADDRESS
439 Ventura Ave.
CITY-ST-ZIP
Orlando, FL 32805
Secy.

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Elois Lee
STREET ADDRESS
312 N. Collins Ave
CITY-ST-ZIP
Orlando, FL 32805
Treas.

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Hedie Stone
STREET ADDRESS
533 Peterson Ave.
CITY-ST-ZIP
Orlando, FL 32805
2nd P.

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Alice M. Francis *Alice M. Francis*

Initial or Amended UBR

Trust Fund Contribution

Added to Fees

Department of State

10. OFFICERS AND DIRECTORS			
TITLE	Pres.	TITLE	
NAME	Margret Hill	NAME	
STREET ADDRESS	538 So. Collins Avenue	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla 32805	CITY-ST-ZIP	
TITLE	1st V. Pres.	TITLE	
NAME	Lionel Foster	NAME	
STREET ADDRESS	233 No. Lakeland Avenue	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla. 32805	CITY-ST-ZIP	
TITLE	2nd V. Pres.	TITLE	
NAME	Hydie Stone	NAME	
STREET ADDRESS	533 Peterson Avenue	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla. 32805	CITY-ST-ZIP	
TITLE	D. Secty	TITLE	
NAME	Bernice Edwards	NAME	
STREET ADDRESS	439 Ventura Ave	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla 32805	CITY-ST-ZIP	
TITLE	D. Treas.	TITLE	
NAME	Elvis Lee	NAME	
STREET ADDRESS	312 No. Collins Ave	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla 32805	CITY-ST-ZIP	
TITLE	D. Seniors' Chairman	TITLE	
NAME	Alyce M. Francis	NAME	
STREET ADDRESS	433 Ventura Avenue	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla 32805	CITY-ST-ZIP	

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SIGNATURE: Alyce M. Francis - Alyce M Francis 5/14/04 407-423-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TITLE	D. Parliamentarian	TITLE	
NAME	Grace Mitchell	NAME	
STREET ADDRESS	528 Ventura Avenue	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla 32805	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

CR2E037B (12)

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