

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90145 018 \*\*\*\*70.00

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



DOCUMENT # *N 9600000 1976*

1. Entity Name

*Rock Lake Homeowners & Neighbor Hood Assoc*

**DO NOT WRITE IN THIS SPACE**

40066783

2. Principal Place of Business

*433 Ventura Ave.*  
 Suite, Apt. #, etc.

3. Mailing Address

*312 North Dallas*  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Orlando, Florida*

City & State

*Orlando, Fl.*

4. FEI Number

*59-3427922*

Applied For  
 Not Applicable

Zip

*32805*

Country

*Orange*

Zip

*32805*

Country

*Orange*

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

7. Name and Address of Current Registered Agent

Name *Elois Lee*

Street Address (P.O. Box Number is Not Acceptable)  
*312 North Dallas Ave.*

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

*Elois A. Lee*

*Elois A. Lee*

*03-27-05*

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 STREET ADDRESS CITY-ST-ZIP	<i>Pres. Margaret Hill 538 N. Dallas Ave. Orlando, Fl, 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice Pres. Judie Stone 533 Peterson St. Orl. Fl, 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Lizabel Foster 233 North Lake land Ave. Orlando, Fl, 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secy. P. Derrise S. Edwards 439 Ventura Ave. Orlando, Fl. 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T.P. Elois Lee 312 North Dallas Ave. Orlando, Fl, 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Alice M. Francis 433 Ventura Orlando, Fl, 32805</i>

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**DO NOT WRITE  
 IN THIS SPACE**

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.