


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90277 022 ****70.00

DOCUMENT # N96000001976					
1. Entity Name ROCKLAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 433 VENTURA AVENUE ORLANDO, FL 32805 US			Mailing Address 312 NORTH DOLLINS ORLANDO, FL 32805 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3427922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, ELOIS 317 NORTH DOLLINS AVE. ORLANDO, FL 32805			7. Name and Address of New Registered Agent Name: ANNIE BURTON Street Address (P.O. Box Number is Not Acceptable): 2029 STRYKER ST 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: ANNIE BURTON (TREASURER) DATE: 3/13/2007 <small>Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: P NAME: HILL, MARGRET STREET ADDRESS: 538 SOUTH DOILLINS AVE CITY-ST-ZIP: ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete		TITLE: P NAME: MARTHA ANN L. WALKER STREET ADDRESS: 423 VENTURA AVE CITY-ST-ZIP: ORLANDO FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V NAME: STONE, HUDIE STREET ADDRESS: 533 PETERSON STREET CITY-ST-ZIP: ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete		TITLE: V NAME: BERNICE EDWARDS STREET ADDRESS: 439 VENTURA AVE. CITY-ST-ZIP: ORLANDO FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: FOSTER, LIONEL STREET ADDRESS: 233 NORTH LAKE LAUD AVE. CITY-ST-ZIP: ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE: S NAME: SARENDA COCHRAN STREET ADDRESS: 619 ROCKLAKE AVE CITY-ST-ZIP: ORLANDO FL 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: EDWARDS, BERNICE S STREET ADDRESS: 439 VENTURA AVENUE CITY-ST-ZIP: ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE: T NAME: ANNIE BURTON STREET ADDRESS: 2029 STRYKER ST CITY-ST-ZIP: ORLANDO FL 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: LEE, ELOIS STREET ADDRESS: 312 N DOLLINS AVE 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"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: FRANCIS, ALYSE M. STREET ADDRESS: 433 VENTURA CITY-ST-ZIP: ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Martha Ann L Walker</i>			3/13/07		(407)422-1222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Deafline Phone #</small>

P. MARTHA ANN L. WALKER
423 VENTURA AVE.
ORLANDO, FL 32805

ATTACHMENT

40078177

~~196000001976~~

V.D. BERNICE EDWARDS
439 VENTURA AVE
ORLANDO, FL 32805

S. BRENDA COCHRAN
619 ROCKLAKE AVE
ORLANDO, FL 32805

T. ANNIE BURTON
2029 STRYKER ST
ORLANDO, FL 32805

D. FOSTER LIONEL
233 NORTH LAKE LAUD AVE.
ORLANDO, FL 32805

D. FRANCIS ALYSE M.
433 VENTURA AVE.
ORLANDO, FL
32805