


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90028 029 ****70.00

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| 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 # 423 Venture Ave. | | 3. Mailing Address 2041 Stryker St | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State Orlando FL | |
| Zip 32805 | | Country U.S. | |
| 4. FEI Number 59-3427922 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BURTON, ANNIE 2029 STRYKER ST ORLANDO, FL 32805 | | 7. Name and Address of New Registered Agent Name: Antoinette Newton Street Address (P.O. Box Number is Not Acceptable): 2041 Stryker St 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE: <u>Antoinette Newton</u> | | DATE: <u>7 May 08</u> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, MARTHA ANN L | NAME | |
| STREET ADDRESS | 423 VENTURA AVE | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32805 | CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COCHRAN, BRENDA | NAME | Naomi Bassa |
| STREET ADDRESS | 619 ROCKLAKE AVE | STREET ADDRESS | 542 Ross Place |
| CITY-ST-ZIP | ORLANDO, FL 32805 | CITY-ST-ZIP | Orlando FL 32805 |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, LIONEL | NAME | Gary Newton |
| STREET ADDRESS | 233 NORTH LAKE LAUD AVE. | STREET ADDRESS | 2041 Stryker St. |
| CITY-ST-ZIP | ORLANDO, FL 32805 | CITY-ST-ZIP | Orlando, FL 32805 |
| TITLE | VD <input checked="" type="checkbox"/> Delete | TITLE | T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARDS, BERNICE S | NAME | Antoinette Newton |
| STREET ADDRESS | 439 VENTURA AVENUE | STREET ADDRESS | 2041 Stryker St |
| CITY-ST-ZIP | ORLANDO, FL 32805 | CITY-ST-ZIP | Orlando FL 32805 |
| TITLE | T <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURTON, ANNIE | NAME | |
| STREET ADDRESS | 2029 STRYKER ST | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32805 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCIS, ALYSE M. | NAME | |
| STREET ADDRESS | 433 VENTURA | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32805 | CITY-ST-ZIP | |
| 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: <u>Antoinette Newton</u> | | DATE: <u>7 May 08</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # <u>407 246-7159</u> | |