

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

FILED

03 JUL 14 PM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N960000 1976*

1. Entity Name

Rocklake Homeowners Association Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

433 Venture Ave

Suite, Apt. #, etc.

3. Mailing Address

433 Venture Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando Fl.

City & State

Orlando, Fl.

4. FEI Number

59-3427922

Applied For

Not Applicable

Zip

32805

Country

Zip

32805

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

~~*Rocklake Homeowners Assn Inc*~~

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

Wilcox Francis

433 Venture 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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Margaret Hill	536 North Collins Ave.	Orlando Fl 32805				
Secretary	Bernice Edwards	434 Venture Ave.	Orl Fl 32805				
Treasurer	Elois Lee	312 N. Collins Ave.	Orlando Fl 32805				
Vice Pres.	Lionel Foster	233 North Lake land	Orlando Fl 32805				
Chair Man	Diana Bright	430 Venture Ave.	Orlando Fl 32805				
Chair Man	Grace Mitchell	528 Venture Ave	Orl Fl 32805				

**DO NOT WRITE
IN THIS SPACE**

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06/13/03--01023--002 **70.00

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: *Elois Lee* *Elois Lee*

May 29-03 407 423-7904

CR2E037B (12/02)