


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000004744 (5)**

1. Corporation Name

LAKE ROSE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 229 PASADENA PL., STE. 100 ORLANDO FL 32803	Mailing Address 229 PASADENA PL., STE. 100 ORLANDO FL 32803
---	---

2. Principal Place of Business 21 2180 WEST SR 434 Suite, Apt. #, etc. 22 SUITE 5000 City & State 23 LONGWOOD FL Zip 24 32779 Country 25 US	2a. Mailing Address 26 2180 WEST SR 434 Suite, Apt. #, etc. 27 SUITE 5000 City & State 28 LONGWOOD FL Zip 29 32779 Country 30 US
--	---

3. Date Incorporated or Qualified 08/20/1997	
4. FEI Number 59-3440308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANSON, JACK B 229 PASADENA PL., STE. 100 ORLANDO FL 32803	10. Name and Address of New Registered Agent 81 Name JAMES W. HART, JR. 82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT, INC. 83 2180 WEST SR 434, SUITE 5000 84 City LONGWOOD FL 85 Zip Code 32779
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I understand and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE  **JAMES W. HART, JR.** DATE **6/19/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEERDAM, A.C.		1.2 NAME	
STREET ADDRESS 186 LOOKOUT PL., STE. 201		1.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL 32751		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITNEY, A.M.		2.2 NAME	
STREET ADDRESS 186 LOOKOUT PL., STE. 201		2.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL 32751		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HANSON, JACK		3.2 NAME	
STREET ADDRESS 186 LOOKOUT PL., STE. 201		3.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL 32751		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME SHAYNE, GERRI	
STREET ADDRESS		4.3 STREET ADDRESS 175 LOOKOUT PL STE 201	
CITY-ST-ZIP		4.4 CITY-ST-ZIP MAITLAND FL 32751	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **A C LEERDAM** 6/18/98

CR2E037 (1097)