FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700004744 1. Corporation Name

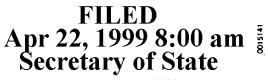
LAKE ROSE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
2180 W STATE ROAD 434
STE 5000
LONGWOOD FL 32779

U\$

Mailing Address

2180 W STATE ROAD 434 STE 5000 LONGWOOD FL 32779



04-22-1999 90158 011 ****61.25



2. Principal Pl	ace of Business 2a. Mailing Address						3	3. Date Incorporated or Qualifed						
21	26							08/20/1997						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4	FEI Number				lied For		
22		27						59-3440308			Not	Applicable		
City & State	9	28	City & State	ty & State				5. Certifcate of Status Desired			\$8.75 Additional Fee Required			
Zip	Country		Zip Country					6. Election Campaign Financing		\$5	۸ 00.	lay Be		
24	25	29		30				Trust Fund Contribution		Added to Fees				
24]	11	Τ		10. Name and Address of New Registered Agent										
Name and Address of Current Registered Agent						Name	Name							
LLAPOT ID. C						(20 D A) (20								
HART, JR. J						82 Street Address (P.O. Box Number is Not Acceptable)								
SENTRY MANAGEMENT, INC.					83									
	TATE ROAD 434 STE 5000													
LONGWOOD FL 32779					84	City	FL 85 Zip							
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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.														
SIGNATURE		6 1714	YE-able (NOTE	. Dogistato	4 6 0 0 0	it signature requ	uired who	n cometating)	DATE					
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	ı Ağeli	ir siğiratine i odr	Milea wile	ADDITIONS/CHANGES TO OFFIC		D DIRE	CTOF	S IN 12		
	PD	DINE	X DELETE	1.1 T	ITI E					Ch		Addition		
TITLE	• -		M Dereit			1					•	_		
NAME	LEERDAM, A.C.				AME									
STREET ADDRESS	166 LOOKOUT PL., STE. 201					ADDRESS								
CITY-ST-ZIP	MAITLAND FL 32751				ITY-S	T-ZIP				Ch		Addition		
TITLE	STD		DELETE	2.1 T	ME						ange			
NAME	WHITNEY, A.M.			2.2 N	AME									
STREET ADDRESS	166 LOOKOUT PL., STE. 201			2.3 \$	TREET	ADDRESS								
CITY-ST-ZIP	MAITLAND FL 32751			2.40	ITY-S	T-ZIP								
TITLE	VD		X DELETE	3.1 T	MLE					☐ Ch	ange	Addition		
NAME	SHAYNE, GERRI .			3.2 N	AME									
STREET ADDRESS	175 LOOKOUT PLACE STE 201			3.3 S	TREET	ADDRESS								
CITY-ST-ZIP	MAITLAND FL 32751			3.4. (CITY-S	T-ZIP								
TITLE			☐ DELETE	4.1 T	ITLE		VD			Ch	ange	Addition		
NAME				4.21	AME	ļ	ALE	XANDER, FRANK						
STREET ADDRESS				4.3 S	TREET	ADDRESS	108	PARK PLACE BLVD SIMMEE FL 34741-2	24.0					
					ITY-S	1	KIS	SIMMEE FL 34741-2	319					
CITY-ST-ZIP TITLE			☐ DELETE	_	ITLE	-	D			Ch	ange	Addition Addition		
NAME			-		AME		_	ILLA-GARGALLO, DORA	Δ					
						TADORESS								
STREET ADDRESS					TY-S	- 1	ATG	AMERICAN ROSE PKW	1					
CITY-ST-ZIP			☐ DELETE		ITLE	1-41	STO	ANDO FL 32825		□ Ch	ange	X Addition		
TITLE			□ nereie		AME									
NAME						T 4 D D D C C C		BERRY, MIKE	.iV					
STREET ADDRESS			•			TADDRESS		32 AMERICAN ROSE PK	W T					
CITY-ST-ZIP					ITY-S		_QRL	ANDO FL 32825	-41-		AL	fa		
14. I hereby o	certify that the information supplied with	this f	filing does not qualify for	r the ex	empti	ion stated i	in Secti	ion 119.07(3)(i), Florida Statutes. I fi	unner cer	ury that	the in	tormation		

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 receiver 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, with all other like empowered.

SIGNATURE:

407-422-43/0

N97000004744 389786-90158-11

LAKE ROSE HOMEOWNERS ASSN., INC.

DELETE

ADDITION

CHANGE

TITLE NAME

D

PENALOSA, ARMANDO

STREET ADDRESS CITY ST ZIP

1020 AMERICAN ROSE PKWY

ORLANDO FL 32825

DELETE

ADDITION

CHANGE

TITLE NAME

PD

SCHWENTNER, SUNNY 901 AMERICAN ROSE PKWY

STREET ADDRESS CITY ST ZIP

ORLANDO FL 32825

ADDITION

CHANE

TITLE NAME

STREET ADDRESS CITY ST ZIP

DELETE

DELETE

ADDITION

CHANGE

TITLE NAME

STREET ADDRESS CITY ST ZIP

DELETE

ADDITION

CHANGE

TIT.E NAME .

STREET ADDRESS CITY ST ZIP