

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004744

1. Entity Name

LAKE ROSE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90094 038 \*\*\*\*61.25

Principal Place of Business

2180 W STATE ROAD 434  
STE 5000  
LONGWOOD FL 32779  
US

Mailing Address

2180 W STATE ROAD 434  
STE 5000  
LONGWOOD FL 32779-5042  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3440308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HART, JR. J  
SENTRY MANAGEMENT, INC.  
2180 W STATE ROAD 434 STE 5000  
LONGWOOD FL 32779

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Delete  
NAME ALEXANDER, FRANK  
STREET ADDRESS 108 PARK PLACE BLVD  
CITY-ST-ZIP KISSIMMEE FL 34741-2319

TITLE PD ☐ Change ☒ Addition  
NAME SCHWENTNER, SONJA  
STREET ADDRESS 901 AMERICAN ROSE PKWY  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ Delete  
NAME CODILLA-GARGALLO, DORA  
STREET ADDRESS 918 AMERICAN ROSE PKWY  
CITY-ST-ZIP ORLANDO FL 32825

TITLE VD ☒ Change ☐ Addition  
NAME CODILLA-GARGALLO, DORA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME DEBERRY, MIKE  
STREET ADDRESS 1032 AMERICAN ROSE PKWY  
CITY-ST-ZIP ORLANDO FL 32825

TITLE TD ☒ Change ☐ Addition  
NAME DEBERRY, MIKE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME BARNES, EMILY  
STREET ADDRESS 906 AMERICAN ROSE PKWY  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME HUMPHREY, MARK  
STREET ADDRESS 1135 AMERICAN ROSE PKWY  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonja Schwentner 2/1/00 407-422-4310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)