

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004744

1. Entity Name

LAKE ROSE HOMEOWNERS' ASSOCIATION, INC.

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHWENTER, SONJA	
STREET ADDRESS	901 AMERICAN ROSE PKWY	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CODILLA-GARGALLO, DORA	
STREET ADDRESS	918 AMERICAN ROSE PKWY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEBERRY, MIKE	
STREET ADDRESS	1032 AMERICAN ROSE PKWY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARNES, EMILY	
STREET ADDRESS	906 AMERICAN ROSE PKWY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, MARK	
STREET ADDRESS	1135 AMERICAN ROSE PKWY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADILLA-GARGALLO, ADORACION	
STREET ADDRESS	918 AMERICAN ROSE PKWY	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARE, RANDY	
STREET ADDRESS	1003 EMPRESS LA	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERA, DOROTEO (TATO)	
STREET ADDRESS	937 EMPRESS LN	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, NELSON	
STREET ADDRESS	931 EMPRESS LN	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90317 005 \*\*\*\*61.25

00000040



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3440308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)

0024291