

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2005  
Secretary of State**

DOCUMENT# N97000004744

Entity Name: LAKE ROSE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W STATE ROAD 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W STATE ROAD 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-3440308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHWENTNER, WILLIAM  
Address: 901 AMERICAN ROSE PKWY  
City-St-Zip: ORLANDO, FL 32825

Title: VPD ( ) Delete  
Name: EDDINS, GORDON  
Address: 945 AMERICAN ROSE WAY  
City-St-Zip: ORLANDO, FL 32825

Title: SD ( ) Delete  
Name: BARNES, EMILY  
Address: 906 AMERICAN ROSE WAY  
City-St-Zip: ORLANDO, FL 32825

Title: TD ( ) Delete  
Name: TOUATI, RIAD  
Address: 1110 AMERICAN ROSE PKWY  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: WEIRICK, JANICE  
Address: 913 AMERICAN ROSE WAY  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: TEFFT, MATTHEW  
Address: 912 AMERICAN ROSE WAY  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SCHWENTNER

PD

03/18/2005

Electronic Signature of Signing Officer or Director

Date