

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004744

FILED
Mar 14, 2006
Secretary of State

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: TEFFT, MATTHEW
Address: 912 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 PKWY
City-St-Zip: ORLANDO, FL 32825

Title: SD (X) Change () Addition
Name: BARNES, EMILY
Address: 906 AMERICAN ROSE PKWY
City-St-Zip: ORLANDO, FL 32825

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

Title: D (X) Change () Addition
Name: WEIRICK, JANICE
Address: 913 AMERICAN ROSE PKWY
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/14/2006

Electronic Signature of Signing Officer or Director

Date