2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004744

FILED Apr 11, 2008 Secretary of State

Entity Name: LAKE ROSE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W STATE ROAD 434 STE 5000 LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W STATE ROAD 434 STE 5000 LONGWOOD, FL 32779 US FEI Number: 59-3440308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR HART, JAMES W JR 2180 WEST SR 434 SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 SUITE 5000 LONGWOOD, FL 32779 US LONGWOOD, FL 32779 US 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: JAMES W HART JR 04/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SCHWENTNER, WILLIAM GARGALLO, ADORACION C Name: Name: 901 AMERICAN ROSE PKWY Address: 918 AMERICAN ROSE PKWY Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 (X) Change () Addition Title: VPD () Delete Title: TEFFT, MATTHEW Name: EDDINS, GORDON M Name: Address: 912 AMERICAN ROSE PKWY Address: 945 AMERICAN ROSE PKWY City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change () Addition BARNES, EMILY Name: Name: 906 AMERICAN ROSE PKWY Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: () Delete Title: TD Title: () Change () Addition Name: TOUATI, RIAD Name: 1110 AMERICAN ROSE PKWY Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: Title: () Delete () Change () Addition WEIRICK, JANICE Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ADORACION CADILLA GARGALLO PD 04/11/2008

913 AMERICAN ROSE PKWY

ORLANDO, FL 32825

Address:

City-St-Zip: