## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004744

Entity Name: LAKE ROSE HOMEOWNERS' ASSOCIATION, INC.

**FILED** Apr 16, 2024 **Secretary of State** 4543698944CC

## **Current Principal Place of Business:**

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779

## **Current Mailing Address:**

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 US

FEI Number: 59-3440308 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 **SUITE 5000** 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: BRADLEY POMP 04/16/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title SECRETARY, TREASURER,

DIRECTOR CARROLL, RON

Name BARNES, EMILY Name 2180 WEST SR 434 STE 5000 Address

2180 WEST SR 434 STE 5000 Address LONGWOOD FL 32779 City-State-Zip: City-State-Zip: LONGWOOD FL 32779

Title **DIRECTOR** 

Title DIRECTOR PHILLIPS, ROBERT Name

Name BRICE, ELDER Address 2180 WEST SR 434 STE 5000 2180 WEST SR 434 STE 5000

Address City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR

Name RODRIGUEZ, CELINE

Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779

I hereby 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 all other like empowered.

04/16/2024 SIGNATURE: RON CARROLL **PRESIDENT**