

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000004876

**Entity Name:** LAKE ROSE VILLAGE, INC.

**Current Principal Place of Business:**

14701 LIVINGSTON AVE  
OFFICE  
LUTZ, FL 33559

**Current Mailing Address:**

501 N MORGAN ST  
#202  
TAMPA, FL 33602

**FEI Number:** 59-3289566

**Certificate of Status Desired:** Yes

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

GRECO, EUGENE S  
501 N MORGAN ST  
#202  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GRECO, EUGENE S  
Address 501 N MORGAN ST STE 202  
City-State-Zip: TAMPA FL 33602

Title VPD  
Name GRECO, JOSEPHINE  
Address 501 N MORGAN ST STE 202  
City-State-Zip: TAMPA FL 33602

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EUGENE GRECO

**PRESIDENT**

**04/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date