

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90022 006 ***150.00

DOCUMENT # 256281

1. Entity Name

RO-LEN LAKE GARDENS "F" CORPORATION



Principal Place of Business

714 S W 11TH AVE
HALLANDALE FL 33009

Mailing Address

714 S W 11TH AVE
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-0966885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARANO, OLIVIA
725 SW 11TH AVENUE
#15
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	HERNANDEZ, MANUELLA	
STREET ADDRESS	725 SW 11 AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	BRUSCINO, YOLANDA	☒ Delete
NAME	BRUSCINO, YOLANDA	
STREET ADDRESS	725 SW 11 AVENUE, F-8	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	MARCELLA, FRANK	☒ Delete
NAME	MARCELLA, FRANK	
STREET ADDRESS	725 SW 11 AVE F2	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ Delete
NAME	LOKKEN, MARY	
STREET ADDRESS	725 SW 11 AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	GOUILLARD, JEAN GUY	☐ Delete
NAME	GOUILLARD, JEAN GUY	
STREET ADDRESS	725 SW 11 AVENUE - F14	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☒ Delete
NAME	LOKKEN, MARY	
STREET ADDRESS	725 SW 11 AVE F9	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	517-D	☐ Change ☒ Addition
NAME	LISE BOUCHARD	
STREET ADDRESS	725 SW 11 AVE F-11	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE	VID	☐ Change ☒ Addition
NAME	PAULINE PROULX	
STREET ADDRESS	725 SW 11 AVE - F20	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK MARCELLA 2-9-05