

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90032 035 ****61.25

DOCUMENT # 704152

1. Entity Name

LAKE ROSALIE ESTATES PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

10835 W BEACH PKWY
LAKE WALES FL 33898
US

Mailing Address

10835 W BEACH PKWY
LAKE WALES FL 33898
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
70-4152632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOONER, MARILYN
10835 W BEACH PKWY
LAKE WALES FL 33898

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 \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUILLER, HERB	
STREET ADDRESS	3301 CITRUS COURT	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MONROE, ALBERT	
STREET ADDRESS	10820 W BEACH PKWY	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	HUGITES, GLENNA	
STREET ADDRESS	10742 N MARINA PKWY	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	STEELE, JOAN	
STREET ADDRESS	11212 W BEACH PKWY	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPOONER, MARILYN	
STREET ADDRESS	10835 W BEACH PKWY	
CITY-STATE-ZIP	LAKE WALES FL 33898	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:

Marilyn Spooner

MARILYN SPOONER

2/9/08