
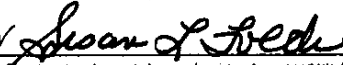
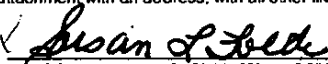


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90059 030 ****61.25

DOCUMENT # 713839			
1. Entity Name LAKE ROGERS ASSOCIATION, INC.			
Principal Place of Business 3598 N.E. 6TH DR BOCA RATON, FL 33431 US		Mailing Address 3598 N.E. 6TH DR BOCA RATON, FL 33431 US	
2. Principal Place of Business 800 NE 39 ST		3. Mailing Address 800 NE 39 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country	Zip 33431	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMS, ROGER 3598 N.E. 6TH DR BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name SUSAN FOLDEN Street Address (P.O. Box Number is Not Acceptable) 800 NE 39 ST City BOCA RATON FL Zip Code 33431	
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: 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: SIMS, ROGER STREET ADDRESS: 3598 N.E. 6TH DR CITY-ST-ZIP: BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	T NAME: LOIS RING STREET ADDRESS: 3800 NE 6 DR CITY-ST-ZIP: BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: SAELINGER, DIANE STREET ADDRESS: 751 N.E. 39TH ST CITY-ST-ZIP: BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: EISENBERG, STEVE STREET ADDRESS: 700 NE 38 ST. CITY-ST-ZIP: BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	S NAME: GAIL STANKO STREET ADDRESS: 775 N 39 ST CITY-ST-ZIP: BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: THEISE, BONNIE STREET ADDRESS: 834 NE 35 ST. CITY-ST-ZIP: BOCA RATON, FL 33431	<input type="checkbox"/> Delete	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: EISENBERG, MARLA STREET ADDRESS: 700 NE 38 ST. CITY-ST-ZIP: BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	GEVE FOLDEN 800 NE 39 ST BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V NAME: FOLDEN, SUSAN STREET ADDRESS: 800 NE 39 ST CITY-ST-ZIP: BOCA RATON, FL 33431	<input type="checkbox"/> Delete	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		SUSAN FOLDEN 2/5/05 5613936100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	