

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 713839

FILED  
Oct 03, 2006  
Secretary of State

**Entity Name:** LAKE ROGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

800 NE 39 ST  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 NE 39 ST  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FOLDEN, SUSAN  
800 NE 39 ST  
BOCA RATON, FL 33431 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: SUSAN L FOLDEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: RING, LOIS  
Address: 3800 NE 6 DR  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: SAELINGER, DIANE  
Address: 751 N.E. 39TH ST  
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete  
Name: STANKO, GAIL  
Address: 775 N 39 ST  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Delete  
Name: THEISE, BONNIE  
Address: 834 NE 35 ST.  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: FOLDEN, GEZE  
Address: 800 NE 39 ST  
City-St-Zip: BOCA RATON, FL 33431

Title: P ( ) Delete  
Name: FOLDEN, SUSAN  
Address: 800 NE 39 ST  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FOLDEN, GENE  
Address: 800 NE 39 ST  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN L.FOLDEN

P

10/03/2006

Electronic Signature of Signing Officer or Director

Date