

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713839

FILED
Apr 18, 2007
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:

834 NE 35 ST
BOCA RATON, FL 33431 US

Current Mailing Address:

800 NE 39 ST
BOCA RATON, FL 33431 US

New Mailing Address:

834 NE 35 ST
BOCA RATON, FL 33431 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLDEN, SUSAN
800 NE 39 ST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

THIESE, BONNIE
834 NE 35 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: BONNIE THIESE

04/18/2007

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, GENE
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: P (X) Change () Addition
Name: THEISE, BONNIE
Address: 834 NE 35 ST.
City-St-Zip: BOCA RATON, FL 33431

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

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

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

PP

04/18/2007

Electronic Signature of Signing Officer or Director

Date