


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90033 004 \*\*\*\*70.00

<b>DOCUMENT # 742972</b> 1. Entity Name ROUND LAKE PARK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business PO BOX 2827 PALATKA, FL 32178-2827 US	Mailing Address PO BOX 2827 PALATKA, FL 32178-2827 US
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2354797	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FUGATE, ALEVE  
146 TIMBER LANE SOUTH  
PALATKA, FL 32177

**DO NOT WRITE  
IN THIS SPACE**

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: Aleve Fugate, Treasurer (NOTE: Registered Agent signature required when reinstating) DATE: Jan. 10, 2008

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, PETER 126 TIMBER LANE SOUTH PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUMP, ERIC 126 TIMBER LANE SOUTH PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, CHARLOTTE 152 TIMBER LANE SOUTH PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUGATE, ALEVE 146 TIMBER LANE SOUTH PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Aleve Fugate, ALEVE FUGATE 1-10-08 386-328-7366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #