

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91018 040 \*\*\*\*61.25

**DOCUMENT # 748092**

1. Entity Name

ALTAMONTE SPRINGS LORELEIS, INC.



Principal Place of Business

325 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701-6211

Mailing Address

325 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701-6211

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2307356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSE, MARY  
325 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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 reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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  
NAME POSGAI, DEBRA ☐ Delete  
STREET ADDRESS 9423 WESTOVER ROBERTS RD  
CITY-ST-ZIP WINDERMERE FL 32835

TITLE D  
NAME ROSE, MARY ☐ Delete  
STREET ADDRESS 325 MONTICELLO DR  
CITY-ST-ZIP ALTAMONTE SPRGS FL

TITLE TD  
NAME FREULER, PETER ☐ Delete  
STREET ADDRESS 1304 HIGHLAND CIRCLE  
CITY-ST-ZIP KISSIMMEE FL

TITLE S  
NAME POSGAI, DEBRA ☒ Delete  
STREET ADDRESS 4446 WINDWOOD CIR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME KAREN DUNWOODY S  
STREET ADDRESS 14500 GREATER PINES BLVD  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Mary Rose* MARY ROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04

Date

407-339-0380

Daytime Phone #