

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748092

FILED
Apr 01, 2005
Secretary of State

Entity Name: ALTAMONTE SPRINGS LORELEIS, INC.

Current Principal Place of Business:

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 327016211

New Principal Place of Business:

Current Mailing Address:

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 327016211

New Mailing Address:

FEI Number: 59-2307356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, MARY
325 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POSGAI, DEBRA
Address: 9423 WESTOVER ROBERTS RD
City-St-Zip: WINDERMERE, FL 32835

Title: D () Delete
Name: ROSE, MARY,
Address: 325 MONTICELLO DR
City-St-Zip: ALTAMONTE SPRGS, FL

Title: TD () Delete
Name: FREULER, PETER,
Address: 1304 HIGHLAND CIRCLE
City-St-Zip: KISSIMMEE, FL

Title: S () Delete
Name: DUNWODY, KAREN
Address: 14500 GREATER PINES BLVD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LYNDE, PEGGY
Address: 9010 EASTERLING DR
City-St-Zip: ORLANDO, FL 32819

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

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

Title: S (X) Change () Addition
Name: BRAND, JILL
Address: 250 QUAIL DR. MERRITT ISLAND P.O.BOX 2476
City-St-Zip: TITUSVILLE, FL 32781

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY ROSE

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date