

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90193 003 ****61.25

DOCUMENT # 753775

1. Entity Name

LAKE / RONA EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3 NORTH HIGHLANDS AVE
APT C
AVON PARK FL 33825

Mailing Address

3 NORTH HIGHLANDS AVE
APT B
AVON PARK FL 33825



2. Principal Place of Business

3 A MIRACLE AVE
Suite, Apt. #, etc.
B

3. Mailing Address

3 A MIRACLE AVE
Suite, Apt. #, etc.
B

City & State

City & State

4. FEI Number

59-2223798

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINEBACK, ANNA
3-N HIGHLANDS AVENUE
APT B
AVON PARK FL 33825

Name

Street Address (P.O. Box Number is Not Acceptable)

3 A MIRACLE AVE # B

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 reinstating)

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2006

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 STD ☐ Delete
NAME LINEBACK, ANNA
STREET ADDRESS 3 N HIGHLANDS AVENUE, APT B
CITY-ST-ZIP AVON PARK FL 33825

TITLE VP ☐ Delete
NAME CARABERIS, MARGARET
STREET ADDRESS 17 NORTH HIGHLANDS AVENUE
CITY-ST-ZIP AVON PARK FL

TITLE VD ☐ Delete
NAME WOODRUFF, CLARENCE T
STREET ADDRESS 7 NORTH HIGHLANDS AVENUE
CITY-ST-ZIP AVON PARK FL 33825

TITLE PD ☐ Delete
NAME WHITE, MADELINE
STREET ADDRESS 15 N HIGHLANDS AVE
CITY-ST-ZIP AVON PARK FL 33825

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 3 A MIRACLE AVE # B
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17 A MIRACLE AVE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7 A MIRACLE AVE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15 A MIRACLE AVE
CITY-ST-ZIP

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 exemptions contained in Section 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: ANNA LINEBACK - Anna Lineback 2/27/2006 (863) 452-2883