

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 768704

1. Entity Name

THE ESTATES OF LAKE CLARKE SHORES HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 20253  
WEST PALM BEACH FL 33416  
US

Mailing Address

P.O. BOX 20253  
WEST PALM BEACH FL 33416  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2375000

Applied For

Not Applicable

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

ANNE ROZO, MARY  
7508 NEMEC DR N  
WEST PALM BEACH FL 33406

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

*Mary Anne Roza*

Signature, typed or printed name of registered agent and trust, if applicable.

(NOTE: Registered Agent's signature required when re-stating.)

4/12/07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	T	<input type="checkbox"/> Delete
NAME	ROZO, MARY ANNE	
STREET ADDRESS	7508 NEMEC DR N	
CITY-STATE-ZIP	WEST PALM BCH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARAMY, GEORGE	
STREET ADDRESS	7643 NEMEC DRIVE SOUTH	
CITY-STATE-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOITIA, ANGEL E	
STREET ADDRESS	7769 NEMEC DR. S.	
CITY-STATE-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	LA ROVERE, GERALDINE	
STREET ADDRESS	7509 NEMEC DRIVE NORTH	
CITY-STATE-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000715383  
04/27/07-80061-017 61.25

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:

*Mary Anne Roza* Treasurer

4/12/07

561-758-4887