

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000005606

1. Entity Name
LAKE ROSA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**202 MASON ROAD
MELROSE, FL 32666**

Mailing Address
**202 MASON ROAD
MELROSE, FL 32666**



03072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3704813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RITTER, BEVERLY
202 MASON ROAD
MELROSE, FL 32666**

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1000000257015
03/09/05-80038-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KING, JOHN R
STREET ADDRESS 112 LAKE ROSA LANE
CITY-ST-ZIP MELROSE, FL 32666

TITLE D
NAME SUNQUIST, MEL
STREET ADDRESS 126 MASON ROAD
CITY-ST-ZIP MELROSE, FL 32666

TITLE STD
NAME RITTER, BEVERLY
STREET ADDRESS 202 MASON ROAD
CITY-ST-ZIP MELROSE, FL 32666

TITLE VD
NAME SUNQUIST, FIONA
STREET ADDRESS 126 MASON RD
CITY-ST-ZIP MELROSE, FL 32666

TITLE D
NAME RITTER, CHARLES
STREET ADDRESS 202 MASON RD
CITY-ST-ZIP MELROSE, FL 32666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Beverly L. Ritter* BEVERLY L. RITTER 3/7/05 352-475-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #