

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-NP

CRZE037 (11/05)

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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IN THIS SPACE**

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 instituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000440139
03/02/06-80029-005 81.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Charles L. Allen, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 (352) 214-1904
Date Daytime Phone