


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000006001	
<b>1. Entity Name</b> LAKE ROSA & LAKE SWAN COALITION, INC.	

<b>Principal Place of Business</b> 202 MASON ROAD MELROSE, FL 32666	<b>Mailing Address</b> PO BOX 281 MELROSE, FL 32666
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02202004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3558882	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

KEYSER, TIMOTHY  
501 ATLANTIC AVENUE  
INTERLACHEN, FL 32148

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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** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, CHARLES D 202 MASON RD MELROSE, FL 32666
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRIS, ROBERT P 218 MASON RD MELROSE, FL 32666
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, ANDREW 110 LAKEVIEW TRAIL MELROSE, FL 32666
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, CHARLES 155 BUMPY RD MELROSE, FL 32666
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, JOHN W 116 MASON RD. MELROSE, FL 32666
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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100000071530  
03/01/04-80074-022 61.25

**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:** Charles L Allen, Treas **2-24-04 (352) 214-1904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #