

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

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006001</b>	
1. Entity Name LAKE ROSA & LAKE SWAN COALITION, INC.	
Principal Place of Business 202 MASON ROAD MELROSE, FL 32666	Mailing Address PO BOX 281 MELROSE, FL 32666



02232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  KEYSER, TIMOTHY 501 ATLANTIC AVENUE INTERLACHEN, FL 32148	<b>DO NOT WRITE IN THIS SPACE</b>
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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 renewing) DATE \_\_\_\_\_

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

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, CHARLES D 202 MASON RD MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRIS, ROBERT P 218 MASON RD MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, ANDREW 110 LAKEVIEW TRAIL MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, CHARLES 155 BUMPY RD MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, JOHN W 116 MASON RD. MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000241031  
02/24/05-80025-008 61.25

**DO NOT WRITE  
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:** Charles L Allen, Treasurer 2-23-05 (352) 214-1904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #