

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006001

FILED
Mar 15, 2006
Secretary of State

Entity Name: LAKE ROSA & LAKE SWAN COALITION, INC.

Current Principal Place of Business:

202 MASON ROAD
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

PO BOX 281
MELROSE, FL 32666

New Mailing Address:

FEI Number: 59-3558882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEYSER, TIMOTHY
501 ATLANTIC AVENUE
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RITTER, CHARLES D
Address: 202 MASON RD
City-St-Zip: MELROSE, FL 32666

Title: VPD () Delete
Name: MORRIS, ROBERT P
Address: 218 MASON RD
City-St-Zip: MELROSE, FL 32666

Title: SD () Delete
Name: EVANS, ANDREW
Address: 110 LAKEVIEW TRAIL
City-St-Zip: MELROSE, FL 32666

Title: TD () Delete
Name: ALLEN, CHARLES
Address: 155 BUMPY RD
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: BOOTH, JOHN W
Address: 116 MASON RD.
City-St-Zip: MELROSE, FL 32666

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BENNETT, JOHN
Address: MASON RD
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D. RITTER

PD

03/15/2006

Electronic Signature of Signing Officer or Director

Date