

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # N00000006001

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**



03022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VPD
NAME MORRIS, ROBERT P
STREET ADDRESS 218 MASON RD
CITY-ST-ZIP MELROSE, FL 32666

TITLE SD
NAME EVANS, ANDREW
STREET ADDRESS 110 LAKEVIEW TRAIL
CITY-ST-ZIP MELROSE, FL 32666

TITLE TD
NAME ALLEN, CHARLES
STREET ADDRESS 155 BUMPY RD
CITY-ST-ZIP MELROSE, FL 32666

TITLE D
NAME BOOTH, JOHN W
STREET ADDRESS 116 MASON RD.
CITY-ST-ZIP MELROSE, FL 32666

TITLE D
NAME BENNETT, JOHN
STREET ADDRESS MASON RD
CITY-ST-ZIP MELROSE, FL 32666

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03/14/07-80067-012 61.25

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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

3-4-2007 (352) 214-1904
Date Daytime Phone #

Charles L. Allen