2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N00000006001

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:	D	( ) Delete
Name:	BENNETT, JOHN	
Address:	MASON RD	
City-St-Zip:	MELROSE, FL 32666	

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

I hereby certify that the information supplied with this filing does not qualify 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 P 02/04/2009

Electronic Signature of Signing Officer or Director — Date