

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90007 045 \*\*\*\*61.25

**DOCUMENT # N01000004050**

1. Entity Name  
**BMW LR FOUNDATION, INC.**



Principal Place of Business  
**8481 CROOM RITAL ROAD  
BROOKSVILLE, FL 34602**

Mailing Address  
**8481 CROOM RITAL ROAD  
BROOKSVILLE, FL 34602**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3722501**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**GASSMAN, ALAN S ESQ  
1245 COURT ST, SUITE 102  
CLEARWATER, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LAROSA, WILLIAM R SR  
STREET ADDRESS 8481 CROOM RITAL RD  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE SD  
NAME LAROSA, DOROTHY  
STREET ADDRESS 8481 CROOM RITAL RD  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE D  
NAME LAROSA, STEPHEN C  
STREET ADDRESS 8481 CROOM RITAL RD  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Dorothy C. La Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/2006