

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

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000005325

1. Entity Name

ROSE ISLE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 536095
ORLANDO, FL 32853-6095

Mailing Address

POST OFFICE BOX 536095
ORLANDO, FL 32853-6095



02232006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3733251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKLAND, LINDY LEE
2700 LAKE SHORE DR
ORLANDO, FL 32803

**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 LACOVARA, JIM
STREET ADDRESS 2354 LAKE SHORE DR
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VD
NAME FOX, SANDY
STREET ADDRESS 1908 LAKESIDE DR
CITY-ST-ZIP ORLANDO, FL 32803

TITLE SD
NAME FOLEY, LYNNE
STREET ADDRESS 2504 NORFOLK RD
CITY-ST-ZIP ORLANDO, FL 32803

TITLE TD
NAME KIRKLAND, LINDY LEE
STREET ADDRESS 2700 LAKE SHORE DR
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/13/06 80019 001 61.25

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:

Lindy Lee Kirkland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lindy Lee Kirkland

Date

Daytime Phone #

2/26/06 4078963733