

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

FILED
Mar 14, 2007 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



03112007 No Chg-NP CR2E037 (4/06)

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/23/07-80067-001 61.25

**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:

Lindy Lee Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07

Date

407 896 3733

Daytime Phone #