

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

DO NOT WRITE IN THIS SPACE



03112007 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reissuing) 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	

U00000668360
 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 3/10/07 407 896 3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #