

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90004 005 \*\*\*\*61.25

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02222006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N03000003687</b>					
1. Entity Name ROUND LAKE ELEMENTARY SCHOOL, INC.					
Principal Place of Business 31333 ROUND LAKE ROAD MOUNT DORA, FL 32757			Mailing Address 31333 ROUND LAKE ROAD MOUNT DORA, FL 32757		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0472393	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DILLINGER, LISA S 31333 ROUND LAKE ROAD MOUNT DORA, FL 32757			Name Dr. Dale Moxley		
			Street Address (P.O. Box Number is Not Acceptable) 31333 Round Lake Road		
			City Mt. Dora		
			FL		
			Zip Code		
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 <u>Dale Moxley</u> DATE <u>6-09-06</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLINGER, LISA S		NAME	Moxley, Dale	
STREET ADDRESS	31333 ROUND LAKE ROAD		STREET ADDRESS	31333 Round Lake Road	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	Mt. Dora, FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, DOUGLAS B		NAME	Velez, Nancy S.	
STREET ADDRESS	3045 EUDORA RD		STREET ADDRESS	2155 Sheridan Road	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	Mt. Dora, FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTEGA, KAREN L		NAME	Shipley, Christopher Esa.	
STREET ADDRESS	1205 SIMPSON LANE		STREET ADDRESS	32284 Wolfs Trail	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	Sorrento, FL 32776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, PAUL M		NAME	Menezes, Griselda	
STREET ADDRESS	31217 OVERLOOK STREET		STREET ADDRESS	25536 Hawks Run Lane	
CITY-ST-ZIP	MOUNT PLYMOUTH, FL 32776		CITY-ST-ZIP	Sorrento, FL 32776	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, THOMAS E PH.D.		NAME		
STREET ADDRESS	1111 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, CORIE		NAME		
STREET ADDRESS	32933 TIMBERLAKE DR		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP		
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: <u>Dale Moxley</u> DATE <u>6-09-06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					