

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-03-2005 90099 015 ****61.25

DOCUMENT # N04000000163 1. Entity Name NEIGHBORHOOD LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6355 METROWEST BLVD., STE. 330 ORLANDO FL 32835			Mailing Address 6355 METROWEST BLVD., STE. 330 ORLANDO FL 32835		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSSMAN, NANCY A 6355 METROWEST BLVD., STE. 330 ORLANDO FL 32835				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSMAN, NANCY A		NAME		
STREET ADDRESS	6355 METROWEST BLVD., STE. 330		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, WILLIAM W JR.		NAME		
STREET ADDRESS	706 TURNBULL AVE., STE. 102		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDBERG, ALLAN N		NAME		
STREET ADDRESS	706 TURNBULL AVE., STE. 102		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Nancy A. Rossman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-17-05 <small>Date</small>		
			Daytime Phone #: 407-623-2323 <small>Daytime Phone #</small>		

00066064



1st MOORE CR2E037 (10/04)

4. FEI Number **83-0431416** Applied For ☒ Not Applicable ☐

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

ATTACHMENT

66027824

***Neighborhood Lakes Homeowners
Association, Inc.***

6355 MetroWest Blvd, Suite 330
Orlando, Florida 32835
(407) 523-2323
Fax (407) 578-8323

June 8, 2005

Florida Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

This letter is in response to your letter dated May 19, 2005 (reference # N04000000163) that requested the federal identification number for Neighborhood Lakes Homeowners Association, Inc. As requested, please find the corrected annual report that shows the federal ID number, **83-0431416**.

I apologize for any inconvenience this may have caused you. If you have any questions, please call me at 407-523-2323, extension 7115.

Sincerely,



Aaron Rutledge

cc. Nancy A Rossman

