2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005954

FILED Feb 09, 2012 Secretary of State

Entity Name: LAKE ROCHELLE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2716 ROCHELLE DR WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

C/O SEVERN TRENT SERVICES 475 WEST TOWN PLACE SUITE 200 ST. AUGUSTINE, FL 32092

FEI Number: 20-5377392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEVERN TRENT MANAGEMENT SERVICES 475 WEST TOWN PLACE STE 200 ST. AUGUSTINE, FL 32092 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD

Name: WHITE, THOMAS

Address: 475 W TOWN PLACE, SUITE 200 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PD

 Name:
 ZIMMERMAN, ARNOLD

 Address:
 475 W TOWN PLACE, SUITE 200

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092

Title:

Name: FONTAINE, JILL

Address: 475 W TOWN PLACE, SUITE 200 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD

Name: LASKIN, LINDA

Address: 475 W TOWN PLACE, SUITE 200 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TE

Name: COLON, WILFREDO

Address: 475 W TOWN PLACE, SUITE 200 City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS WHITE VPD 02/09/2012