2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2002 8:00 am Secretary of State **DOCUMENT # N26602** 1. Entity Name LAKE ROSE RIDGE HOMEOWNERS ASSOCIATION, INC. 02-26-2002 90118 048 ****61.25 Principal Place of Business Mailing Address 543 WHEATSTONE PLACE 543 WHESTSTONE PLACE ORLANDO FL 32835 ORLANDO FL 32835 HS 2. Principal Place of Business 3. Mailing Address WHEATSTONE PL 512 WHEATSTONE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2996979 ORLANDO ORLANGO Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32835--32835-ORANGE ORANGE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INDA BURNS Street Address (P.O. Box Number is Not Acceptable) MORAVEC, PAULA WHEATSTONE 543 WHEATSTONE PLACE ORLANDO FL 32835 Zip Code City ORLANDO 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 (9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VD ☐ Addition TITI F Change TITLE ☐ Delete MORAVEC, PAULA NAME NAME STREET ADDRESS STREET ADDRESS 543 WHEATSTONE PLACE CITY-ST-7IP CITY-ST-ZIP Orlando FL Change TITLE PD **Delete** TITLE Addition HUGGINS STEVE 544 WHEATSTONE PL. NAME Montgomery, ed NAME STREET ADDRESS STREET ADDRESS 8429 FIREFOX COVE ORLANDO, FL. 32835 CITY-ST-ZIP CITY-ST-ZIP orlando fl TITLE Delete TITLE [] Change **Addition** CIARAMITARO, TONY 8438 FIREFOX COVE YILDIRIM, GUNGOR STREET ADDRESS 546 WHEATSTONE PLACE STREET ADDRESS ORLANDO, FL. 32835 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL SD Delete TITLE [] Change Addition LINDA BURNS NAME PLUMMER, CYNTHIA NAME SIZ WHEAT STONE PL. STREET ADDRESS STREET ADDRESS **527 WHEATSTONE PLACE** ORLANDO FL. 32835 CITY-ST-7IP CITY-ST-ZIP orlando fl

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.

TITLE

NAME STREET ADDRESS

TITLE

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CITY-ST-ZIP

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