

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N26602

1. Entity Name

LAKE ROSE RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

512 WHEATSTONE PL
ORLANDO, FL 32835 US

Mailing Address

512 WHEATSTONE PL
ORLANDO, FL 32835 US

DO NOT WRITE IN THIS SPACE



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-2996979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS, LINDA
512 WHEATSTONE PLACE
ORLANDO, FL 32835

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000044697

02/11/04-80030-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MORAVEC, PAULA
543 WHEATSTONE PLACE
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUGGINS, STEVE
544 WHEATSTONE PL
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CIARAMITARO, TONY
8438 FIRE FOX COVE
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BURNS, LINDA
512 WHEATSTONE PL
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Burns / LINDA BURNS - TREASURER 2-4-04 407-293-1532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #