


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N26602 1. Entity Name LAKE ROSE RIDGE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 512 WHEATSTONE PL ORLANDO, FL 32835 US	Mailing Address 512 WHEATSTONE PL ORLANDO, FL 32835 US
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DO NOT WRITE IN THIS SPACE



01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2996979	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

BURNS, LINDA
512 WHEATSTONE PLACE
ORLANDO, FL 32835

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIKE, TONY 535 WHEATSTONE PL. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, ALEXANDER 546 WHEATSTONE PL ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, CEASAR 559 WHEATSTONE PL ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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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01/29/07-80053-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Linda Burns - Treasurer - LINDA BURNS 1-23-07 407-293-1532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #