2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# N37053

Entity Name: LAKE ROGERS ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2993626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W.
SENTRY MANAGEMENT, INC
2180 W. STATE RD. 434
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: SPELSBERG, ALBERT
Address: 875 CALAFUT CT
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete
Name: NEW, LANE
Address: 1160 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: ADAMS, JERRY
Address: 1200 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: HALL, BART
Address: 1030 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: GHIGILIERI, ANDY
Address: 1045 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GHIGILIERI, ANDY
Address: 1320 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT SPELSBERG PD 03/11/2005

Electronic Signature of Signing Officer or Director — Date