2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37053

FILED Apr 05, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2180 W. STATE RD. 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-2993626 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: HART, JAMES W SENTRY MANAGEMENT, INC 2180 W. STATE RD. 434 LONGWOOD, FL 32779 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SPELSBERG, ALBERT Name: Name: 875 CALAFUT CT Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: Title: D (X) Change () Addition () Delete NEW, LANE Name: NEW, LANE Name: Address: 1160 LAKE ROGERS CIR Address: 1160 LAKE ROGERS CIR City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: STD () Delete Title: (X) Change () Addition ADAMS, JERRY SLUTI, JAMES Name: Name: 1380 LAKE ROGERS CIR Address: 1200 LAKE ROGERS CIR Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: STD (X) Change () Addition Name: GHIGILIERI, ANDY Name: GHIGILIERI, ANDY Address: 1320 LAKE ROGERS CIR Address: 1320 LAKE ROGERS CIR City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: (X) Change () Addition PITTS, STEVE PITTS, STEVE Name: Name: 1010 LAKE ROGERS CR 1010 LAKE ROGERS CR Address: Address: City-St-Zip: OVIEDO, FL 32765 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 Chapter 119, 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 04/05/2007