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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90039 034 ****61.25

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1. Corporation Name

LAKE ROSEMARY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

117 PARADISE ISLAND DR
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

117 PARADISE ISLAND DR
DEFUNIAK SPRINGS FL 32433
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/01/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0099120

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERMENTER, WILLIAM D
117 PARADISE ISLAND DRIVE
DEFUNIAK SPRINGS FL 32433

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

Crestview

FL

85. Zip Code

32539

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PERMENTER, WILLIAM D

STREET ADDRESS 236 SABINE DRIVE

CITY-ST-ZIP PENSACOLA FL 32561

TITLE VD ☐ DELETE

NAME PERMENTER, ELIZABETH A

STREET ADDRESS 236 SABINE DRIVE

CITY-ST-ZIP PENSACOLA FL 32561

TITLE STD ☐ DELETE

NAME BEASLEY, MARY E

STREET ADDRESS 236 SABINE DRIVE

CITY-ST-ZIP PENSACOLA FL 32561

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth A. Permenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR
Elizabeth A. Permenter

Date

Daytime Phone #

1/8/99 (850) 892-2103

CR2E037 (11/98)