



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90070 030 \*\*\*\*61.25

<b>DOCUMENT # N93000001553</b>					
<b>1. Entity Name</b> LAKE ROSEMARY HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 43 LAIRD RD CRESTVIEW, FL 32539 US			<b>Mailing Address</b> 43 LAIRD RD CRESTVIEW, FL 32539 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 65-0399120	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
PERMENTER, WILLIAM D 43 LAIRD RD CRESTVIEW, FL 32539				Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> PERMENTER, WILLIAM D	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	43 Laird Rd. Crestview, FL 32539
<b>STREET ADDRESS</b> 236 SABINE DRIVE	<b>CITY-ST-ZIP</b> PENSACOLA, FL 32561		<b>STREET ADDRESS</b> 43 Laird Rd.	<b>CITY-ST-ZIP</b> Crestview, FL 32539	
<b>TITLE</b> VD	<b>NAME</b> PERMENTER, ELIZABETH A	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	43 Laird Rd. Crestview, FL 32539
<b>STREET ADDRESS</b> 236 SABINE DRIVE	<b>CITY-ST-ZIP</b> PENSACOLA, FL 32561		<b>STREET ADDRESS</b> 1302 North First St.	<b>CITY-ST-ZIP</b> DeFuniak Springs, FL 32433	
<b>TITLE</b> STD	<b>NAME</b> BEASLEY, MARY E	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1302 North First St. DeFuniak Springs, FL 32433
<b>STREET ADDRESS</b> 236 SABINE DRIVE	<b>CITY-ST-ZIP</b> PENSACOLA, FL 32561		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
<b>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.</b>					
<b>SIGNATURE:</b> <i>Elizabeth A. Permenter, VP</i>			Elizabeth A. Permenter, VP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		