

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001553**

1. Entity Name  
**LAKE ROSEMARY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**43 LAIRD RD  
CRESTVIEW, FL 32539 US**

Mailing Address  
**43 LAIRD RD  
CRESTVIEW, FL 32539 US**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0399120</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PERMENTER, WILLIAM D  
43 LAIRD RD  
CRESTVIEW, FL 32539**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and LLC, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERMENTER, WILLIAM D 43 LAIRD RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERMENTER, ELIZABETH A 43 LAIRD RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEASLEY, MARY E 1302 N FIRST ST DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000785117  
01/16/08-80082-010 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:** Elizabeth A. Permenter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 850 892-2103  
Date Onfile Phone #