

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
 03-21-2001 90030 012 \*\*\*\*70.00

**DOCUMENT # N96000001976**

1. Entity Name  
**ROCKLAKE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**433 VENTURA AVENUE  
 ORLANDO FL 32805  
 US**

Mailing Address  
**433 VENTURA AVENUE  
 ORLANDO FL 32805  
 US**

**LOUISIANA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**433 Ventura Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Orlando, Florida**

City & State  
 4. FEI Number  
**59-3427922**

Applied For  
 Not Applicable

Zip  
**32805**

Country  
**Orange**

Zip  
**32805**

Country  
**Orange**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRANCIS, ALYCE  
 433 VENTURA AVENUE  
 ORLANDO FL 32805**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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.

SIGNATURE Alyce M. Francis *Alyce M. Francis* 3/16/2001  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOSTER, LIONEL 233 NORTH LAKELAND AVENUE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Margret Hill 538 So. Dollins Street Orlando, Florida 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDWARDS, BERNICE 439 VENTURA AVENUE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Hudie Stone 533 Peterson Street Orlando, Florida 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEE, EOIS 312 SOUTH DOLLINS ST ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lionel Foster 233 North Lakeland Avenue Orlando, Florida 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRIGHT, DIANN 430 VENTURA AVE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Bernice Edwards 439 Ventura Avenue Orlando, Florida 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STONE, HUDIE 533 PETERSON ST ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Elois Lee 312 South Dollins Street Orlando, Florida 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Diann Bright 430 Ventura Avenue Orlando, Florida 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Signature Required *Signature Required* 3/17/2001 407-423-5501  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc# N96000001976-C0036039

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001976

(Continued 2nd page.)

Entity Name  
ROCKLAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3 VENTURA AVENUE  
ORLANDO FL 32805

Mailing Address

433 VENTURA AVENUE  
ORLANDO FL 32805  
US

Principal Place of Business

433 Ventura Avenue

3. Mailing Address

Suite Apt #, etc

Suite Apt #, etc

City & State  
Orlando, Florida

City & State

4. FEI Number

59-3427922

Applied For

Not Applicable

Zip  
32805

Country  
Orange

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCIS, ALYCE  
433 VENTURA AVENUE  
ORLANDO FL 32805

Name

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

City

Zip Code

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

Alyce M. Francis

Alyce M. Francis

3/16/2001

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

(Continue)

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FOSTER, LIONEL 233 NORTH LAKELAND AVENUE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC Grace Mitchell 528 Ventura Avenue Orlando, Florida 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EDWARDS, BERNICE 439 VENTURA AVENUE ORLANDO FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCM Alyce Francis 433 Ventura Avenue Orlando, Florida 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LEE, EOIS 312 SOUTH DOLLINS ST ORLANDO FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BRIGHT, DIANN 430 VENTURA AVE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC STONE, HUDIE 533 PETERSON ST ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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 AND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alyce M. Francis

3/17/2001 407-423-5501

CR2E037 (10/00)