

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

01-30-2006 90047 048 ****61.25

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



Principal Place of Business
**43 LAIRD ROAD
CRESTVIEW, FL 32539**

Mailing Address
**43 LAIRD ROAD
CRESTVIEW, FL 32539**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3572262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**DP
PERMENTER, WILLIAM D
236 SABINE DRIVE
PENSACOLA BEACH, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
PERMENTER, ELIZABETH A
236 SABINE DRIVE
PENSACOLA BEACH, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BEASLEY, MARY E
1302 NORTH 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

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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, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06 (\$50) 892-2103
Date Daytime Phone #