



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005051		
1. Entity Name LAKE ROSE HEIGHTS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business PAIGE BERTINI 8700 OLD WINTER GARDEN RD ORLANDO, FL 32835 US	Mailing Address PAIGE BERTINI 8700 OLD WINTER GARDEN RD ORLANDO, FL 32835 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LARSEN, RICHARD E ESQ LARSEN & ASSOCIATES, P.A. 34 E. PINE ST. ORLANDO, FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUNCH, ROBIN 9006 OLD WINTER GARDEN RD ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALOE, BETH 9084 OLD WINTER GARDEN RD ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, JUDY 8850 OLD WINTER GARDEN RD ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/15/05 (407) 356-3610 <small>Date Daytime Phone</small>



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3618979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/18/05-80049-009 61.25