


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

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005051 1. Entity Name LAKE ROSE HEIGHTS HOMEOWNERS ASSOCIATION, INC.	
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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
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07092006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3618979	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by September 6, 2006**

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

U000000572462
07/27/06-800005-010 61.25

10. OFFICERS AND DIRECTORS	
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	

**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:  Date: 7/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #