FILE NOW: FILING FEE IS \$61.25

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SIGNATURE:

May 05 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra S. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)726540 PARK LAKE VILLAS, INC. I JUNIO 1844 JUNIO 1854 ANNO 1844 JANGO KARANTANIA ANNO 1854 ANNO 1854 ANNO 1854 ANNO 1854 ANNO 1854 ANNO 1854 I Name anno 1854 Ann Principal Place of Business Mailing Address 52 E SOUTH STA 52 E SOUTH STR 3. Date Incorporated or Qualified ORLANDO FL 32801 ORLANDO FL 32801 05/29/1973 4. FEI Number Applied For 59-1696084 Not Applicable 2. Principal Place of Business 20. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? X No 23 Yes . Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DON ASHER & ASSOC, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 52 E. SOUTH ST. 83 ORLANDO FL 32801 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE 1.1 TITLE WOLLISON, JERROLD NAME 1.2 NAME CRZEG37 **600 VILLA CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS MAITLAND, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE XXXXDELETE 2.1 TITLE VPD Change ☐ Addition Paul Rusher LEBLANC, MELFORD NAME 2.2 NAME 703 GroveStreet Maitland,FL 32731 **601 ORANGE TREE CT** STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP MRO BERCOV, FRANCES Change DELETE Addition TITLE 3 1 TITLE 3 2 NAME MAME 1603 GROVE ST 3.3 STREET ADDRESS STREET ADDRESS MATTLAND FL CITY-ST-ZIP 3.4. CITY - ST-ZIP ☐ DELETE 4.1 TITLE Change Addition | TITLE HARRIS, EDNA 4. 2 NAME NAME **604 GROVE STREET** STREET ADDRESS 4.3 STREET ADDRESS MAITLAND FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE ATTKISSON, PHYLLIS NAME 5.2 NAME Phyllis Attikisson Money 1507 GROVE STREET 5.3 STREET ADDRESS STREET ADORESS MAITLAND FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

FILED