

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90010 021 ****61.25

DOCUMENT # 726540

1. Corporation Name

PARK LAKE VILLAS, INC.

Principal Place of Business

52 E SOUTH STR
ORLANDO FL 32801
US

Mailing Address

52 E SOUTH STR
ORLANDO FL 32801
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/29/1973

4. FEI Number

59-1696084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DON ASHER & ASSOC., INC.
52 E. SOUTH ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 familiar 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

TITLE PD ☒ DELETE

NAME WOLLISON, JERROLD
STREET ADDRESS 600 VILLA CIRCLE
CITY-ST-ZIP MAITLAND, FL 00000

TITLE VPD ☐ DELETE

NAME RUSHER, P
STREET ADDRESS 1703 GROVE ST
CITY-ST-ZIP MAITLAND FL 32731

TITLE D ☐ DELETE

NAME BERCOV, FRANCES
STREET ADDRESS 1603 GROVE ST
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME HARRIS, EDNA
STREET ADDRESS 604 GROVE STREET
CITY-ST-ZIP MAITLAND FL

TITLE STD ☐ DELETE

NAME MONEY, P A
STREET ADDRESS 1507 GROVE STREET
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MONEY, PHYLLIS
1.3 STREET ADDRESS 1507 GROVE STREET
1.4 CITY-ST-ZIP MAITLAND, FL 32751

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME BERCOV, FRANCES
2.3 STREET ADDRESS 1603 GROVE STREET
2.4 CITY-ST-ZIP MAITLAND, FL 32751

3.1 TITLE STD ☐ Change ☒ Addition

3.2 NAME SUSLOWICZ, EUGENE
3.3 STREET ADDRESS 617 ORANGE TREE COURT
3.4 CITY-ST-ZIP MAITLAND, FL 32751

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME RUSHER, PAUL
5.3 STREET ADDRESS 1703 GROVE STREET
5.4 CITY-ST-ZIP MAITLAND, FL 32751

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

407 425-4501

Daytime Phone #

CR2E037 (11/98)