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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01125 (6)
 1. Corporation Name
PARK LAKE ASSOCIATION NUMBER ONE, INC.



Principal Place of Business 2001 SAN MARCOS, S.E. #12 P.O. BOX 9433 WINTER HAVEN FL 33883-6433	Mailing Address 2001 SAN MARCOS, S.E. #12 P.O. BOX 9433 WINTER HAVEN FL 33883-9433
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3. Date Incorporated or Qualified 01/27/1984	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2745532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SAMMONS, ROBERT O
1556 SIXTH STREET S.E.
WINTER HAVEN FL 33880

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV <input type="checkbox"/> DELETE
NAME	DIGBY, GEORGE
STREET ADDRESS	2025 SAN MARCOS S.E. #25
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CONNELL, GLORIA
STREET ADDRESS	2001 SAN MARCOS SE 10
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	PT <input type="checkbox"/> DELETE
NAME	MEYER, HAL
STREET ADDRESS	2001 SAN MARCOS SE #12
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOSTON, LEONA
STREET ADDRESS	2025 SAN MARCOS S.E. #34
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SUTPHIN, CHERYL
STREET ADDRESS	2013 SAN MARCOS SE 16
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: _____ **1-27-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054786

CFR2E037 (9/96)