

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # NO1125

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 33883-6433

FILED May 05, 1999 8:00 am § Secretary of State

05-05-1999 90158 047 ****61.25



2.	Principal Pla	2a. Mailing Address	ng Address		3. Date Incorporated or Qualifed			
21			26			01/27/1984		
	Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22	27					59-2745532 Not Applicable		
	City & State	•	City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required		
23			28	O a constant				
	Zip	Country	Zip	Country □	<i>'</i>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24		25 29 30				Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent		
		9. Name and Address of Current	Registered Agent	81	Name			
	SAMMONS, ROBERT O					82 Street Address (P.O. Box Number is Not Acceptable)		
		H STREET S.E.		83				
WINTER HAVEN FL 33880								
				84	City	FL 85 Zip Code		
			1047 4500 Et : 1- Otation	15 1		• - 1 <u> </u>		
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 Standard by by by door printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
40		Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		DV OFFICERS AIN	DELETE	11 TITLE		☐ Change ☐ Addition		
TITL		DIGBY, GEORGE	Authorite	1.2 NAME		— • —		
NAM		0000 0441 H4D000 0 F 405		1	TADDRESS			
STREET ADDRESS				1				
	/-ST-ZIP	WINTER HAVEN FL	☐ DELETE	1.4 CITY-1	ST-ZIP	Change Addition		
TITL	1	D CONNELL CLODIA	(") OETETE	2.7 MILE 2.2 NAME				
		CONNELL, GLORIA						
STREET ADDRESS		2001 SAN MARCOS SE 10		2.3 STREET ADDRESS		8		
-	Y-ST-ZIP	WINTER HAVEN FL	DELETE	2. 4 CITY-	ST-ZIP	Change □ Addition		
π)			3.1 TITLE		D/T Addition		
	AME MEYER, HAL			3.2 NAME				
	EET ADDRESS	2001 SAN MARCOS SE #12			T ADDRESS			
	Y-ST-ZIP	WINTER HAVEN FL	DELETE	3.4. CITY-	ST-ZIP			
חוד			Anereie	4.1 TITLE				
NA		BOSTON, LEONA		4. 2 NAME				
	REET ADDRESS	2025 SAN MARCOS S.E.#34			TADDRESS	S		
	Y-ST-ZIP	WINTER HAVEN FL		4.4 CITY-	ST-ZIP	Change ☐ Addition		
ππ	i			5.1 TITLE		D Cuange Dyoning		
NAME		WARDONION, NOBEM		5.2 NAME				
STREET ADDRESS		2010 ONN MEDIOCO OC #E4			T ADDRESS	s		
СП	Y-ST-ZIP	WINTER HAVEN FL		5.4 CITY-	SI-ZIP	V D □ Change ☑ Addition		
TITI	.E		☐ DELETE	6.1 TITLE				
NA	ME			6.2 NAME		JOHN BAILEY \$ 2025 SAN MARCOS S.E. #36		
STE	REET ADDRESS				T ADDRESS	S 2025 SAN MARCOS S.E. #36		
CIT	Y-ST-ZIP			6.4 CITY-	ST-ZIP	WINTER HAVEN, FL		

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, with all other like empowered.