

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90033 015 ****61.25

DOCUMENT # N01125

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2013 SAN MARCOS DR SE	3. Mailing Address 2013 SAN MARCOS DR SE
Suite, Apt. #, etc. # 24	Suite, Apt. #, etc. # 24
City & State	City & State

4. FEI Number 59-2745532	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAMMONS, ROBERT O 1556 SIXTH STREET S.E. WINTER HAVEN FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature: typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	CONNELL, GLORIA 2001 SAN MARCOS SE 10 WINTER HAVEN FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT	MEYER, HAL 2001 SAN MARCOS SE #12 WINTER HAVEN FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP	WARBURTON, ROBERT 2013 SAN MARCOS SE #24 WINTER HAVEN FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	BAILEY, JOHN 2025 SAN MARCOS SE #36 WINTER HAVEN FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3-1-00** **Date** Daytime Phone # _____

CR2E037 (9/99)