


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90073 032 ****61.25

DOCUMENT # N01125

1. Entity Name
 PARK LAKE ASSOCIATION NUMBER ONE, INC.



Principal Place of Business
 2013 SAN MARCOS DR SE
 #20
 WINTER HAVEN, FL 33880

Mailing Address
 2013 SAN MARCOS DR SE
 #20
 WINTER HAVEN, FL 33880

40046669



2. Principle Place of Business:
 2045 San Marcos Drive
 City & State:
 Winter Haven, FL
 Zip 33880 Country USA

3. Mailing Address
 2045 San Marcos Drive
 City & State:
 Winter Haven, FL
 Zip 33880

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2745532

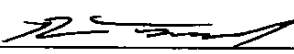
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STRAUGHN, RICHARD E
 255 MAGNOLIA AVE SW
 WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent
 Richard A Tenaglia
 c.o. Creative Association Serv., Inc.
 2045 San Marcos Drive
 Winter Haven, FL 33880
 Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	ROSE, JAMES 500 LK OTIS DR SE WINTER HAVEN, FL 33880	TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P.S.D	LINNERUD, DONALD 2013 SAN MARCO DR SE # 20 WINTER HAVEN, FL 33880	TITLE	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P.S.D	CRUM, CRISTY 2025 SAN MARCOS DR SE # 33 WINTER HAVEN, FL 33880	TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	MERRIWEATHER, NADINE 2025 SAN MARCOS DR SE, # 32 WINTER HAVEN, FL 33880	TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4-6-06 863-651-2125
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #