


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 27 AM 9: 54

DOCUMENT # N01125 1. Entity Name PARK LAKE ASSOCIATION NUMBER ONE, INC.	
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Principal Place of Business 2045 SAN MARCOS DR WINTER HAVEN, FL 33880	Mailing Address 2045 SAN MARCOS DR WINTER HAVEN, FL 33880
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07102006 Chg-NP CR2E037 (4/06)

City & State Zip - - - Country	City & State Zip - - - Country
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4. FEI Number 59-2745532	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TENAGLIA, RICHARD A C/O CREATIVE ASSOCIATION SERV., INC 2045 SAN MARCOS DR WINTER HAVEN, FL 33880	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME ROSE, JAMES STREET ADDRESS 500 LK OTIS DR SE CITY-ST-ZIP WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE PD NAME Nadine Merriweather STREET ADDRESS 2025 San Marcos Drive SE #32 CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME LINNERUD, DONALD STREET ADDRESS 2013 SAN MARCO DR SE # 20 CITY-ST-ZIP WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Russell Brantley STREET ADDRESS 107 Laurel Cove Way CITY-ST-ZIP Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME CRUM, CRISTY STREET ADDRESS 2025 SAN MARCOS DR SE # 33 CITY-ST-ZIP WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE D NAME Jack Russell STREET ADDRESS 2001 San Marcos Drive SE # 1 CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME MERRIWEATHER, NADINE STREET ADDRESS 2025 SAN MARCOS DR SE, # 32 CITY-ST-ZIP WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800078381808
08/04/06--01045--003 **\$1.25

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: Russell Brantley 7-12-06 863-441-4027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #