


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90377 037 ****61.25

DOCUMENT # N01125					
1. Entity Name PARK LAKE ASSOCIATION NUMBER ONE, INC.					
Principal Place of Business 2045 SAN MARCOS DR WINTER HAVEN, FL 33880			Mailing Address 2045 SAN MARCOS DR WINTER HAVEN, FL 33880		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2745532	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TENAGLIA, RICHARD A C/O CREATIVE ASSOCIATION SERV., INC 2045 SAN MARCOS DR WINTER HAVEN, FL 33880			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, JAMES		NAME	Jack Russell	
STREET ADDRESS	500 LK OTIS DR SE		STREET ADDRESS	2001 San Marcos Dr. #1	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven FL. 33880	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRIWEATHER, NADINE		NAME	Judy Aken	
STREET ADDRESS	2025 SAN MARCOS DRIVE, SE #32		STREET ADDRESS	2001 San Marcos Dr #7	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven FL. 33880	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUM, CRISTY		NAME	Inell Woolwine	
STREET ADDRESS	2025 SAN MARCOS DR SE # 33		STREET ADDRESS	2013 San Marcos Drive #17	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANTLEY, RUSSELL		NAME	Nadine Merriweather	
STREET ADDRESS	107 LAUREL COVE WAY		STREET ADDRESS	2025 San Marcos Drive # 32	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, JACK		NAME		
STREET ADDRESS	2001 SAN MARCOS DRIVE SE #1		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jack W. Russell</i>		Date: <i>Feb 07, 2007</i>		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					