

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01125

FILED
Feb 06, 2009
Secretary of State

Entity Name: PARK LAKE ASSOCIATION NUMBER ONE, INC.

Current Principal Place of Business:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-2745532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENAGLIA, RICHARD A
C/O CREATIVE ASSOCIATION SERV., INC
2045 SAN MARCOS DR
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSSELL, JACK
Address: 2001 SAN MARCOS DRIVE SE #1
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: CRUM, CHRISTY
Address: 2025 SAN MARCOS DRIVE SE #33
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: RUSSELL, BRANTLEY
Address: 320 ESCAMBIA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: BRANTLEY, RUSSELL
Address: 107 LAUREL COVE WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: WOOLWINE, INELL
Address: 2013 SAN MARCOS DR #17
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Delete
Name: MERRIWEATHER, NADINE
Address: 2025 SAN MARCOS DRIVE #32
City-St-Zip: WINTER HAVEN, FL 33882

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BYRD, BARRY
Address: 9508 WATERFORD OAKS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PEVY, AMIEE
Address: PO BOX 25175
City-St-Zip: LAKELAND, FL 33802

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY BYRD

P

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date