



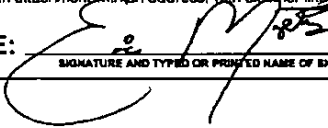
AMENDED
2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

07-03-2006 90001 020 ***61.25
 NO1126

FILED

06 JUL -7 AM 9: 21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N01126 1. Entity Name PARK LAKE MASTER ASSOCIATION, INC.			
Principal Place of Business 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880		Mailing Address 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	
Principal Place of Business 2045 San Marcos Drive City & State Winter Haven, FL Zip: 33880		Mailing Address 2045 San Marcos Drive City & State: Winter Haven, FL Zip 33880	
Country: USA		05112006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-2698700		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSIDY, ALBERT B 295 FIRST STREET SOUTH 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	
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 		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)	
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSIDY, STEVEN 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RHINEHART, CAROL C 295 FIRST SREET SOUTH WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD Eric Mazetis 2049 San Marcos Dr # 220 Winter Haven, FL. 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASIDY, PETER E 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD Dawn Grooms 2160 San Marcos Drive # 508 Winter Haven, FL. 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Tom Olszewski 2364 Isle Royale CT Winter Haven FL. 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 		Signature and typed or printed name of signing officer or director Date Daytime Phone #	
Eric Mazetis		5/11/06 863-291-0328	