

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N05840** (6)

1. Corporation Name  
**PARK LAKE ASSOCIATION NUMBER THREE, INC.**

Principal Place of Business Mailing Address  
**700 OVERLOOK DRIVE WINTER HAVEN FL 33884**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/25/1984** 3a. Date of Last Report **02/22/1994**  
4. FEI Number **59-2698696** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CASSIDY, ALBERT B.  
2932 PLANTATION RD SE  
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD **BLANTON, MILLY A**  
**2040 SAN MARCOS DR**  
**WINTER HAVEN FL**  
~~D~~ **MILLS, ERIC**  
**2050 SAN MARCOS DR #213**  
**WINTER HAVEN FL**  
**D**  
**GILLIAM, JIM**  
**2049 SAN MARCOS DR, #127**  
**WINTER HAVEN FL**  
~~STD~~ **COOK, MARGARITA**  
**2050 SAN MARCOS DR #418**  
**WINTER HAVEN FL**  
**VPD**  
~~A~~ **ANDERSON, ALGREN**  
**5 SPRINGHILL DRIVE**  
**GREENVILLE IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **LARSEN, LLOYD**  
1.3 STREET ADDRESS **2049 SAN MARCOS DR.**  
1.4 CITY-ST-ZIP **WINTER HAVEN, FL 33880**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE **D/S/T**  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME **ANDERSON, ALGREN**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Milly A. Blanton*  
FORM MUST BE SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-9-95** Day/Time Filing #