

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

700 OVERLOOK DRIVE
WINTER HAVEN FL 33884

3. Date Incorporated or Qualified
10/25/1984

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSIDY, ALBERT B.
~~3032 PLANTATION RD SE~~
WINTER HAVEN FL 33880

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

700 Overlook Drive

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------|--|
| TITLE | RD | <input type="checkbox"/> DELETE |
| NAME | LARSEN, LLOYD | |
| STREET ADDRESS | 2049 SAN MARCOS DR. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MILLS, ERIC | |
| STREET ADDRESS | 2050 SAN MARCOS DR #213 | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GILLIAM, JIM | |
| STREET ADDRESS | 2049 SAN MARCOS DR, #127 | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | COOK, MARGARITA | |
| STREET ADDRESS | 2050 SAN MARCOS DR #116 | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | ANDERSON, ALGREN | |
| STREET ADDRESS | 5 SPRINGHILL DRIVE | |
| CITY-ST-ZIP | GREENVILLE IL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-------------------|-----------------------------|--|
| 11 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Larson, Lloyd | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Ward, Tracy | |
| 23 STREET ADDRESS | 2040 San Marcos Drive | |
| 24 CITY-ST-ZIP | Winter Haven, FL | |
| 31 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Ryan, Shannon | |
| 33 STREET ADDRESS | 2040 San Marcos Drive | |
| 34 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| 41 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | Blanton, Milly A. | |
| 43 STREET ADDRESS | 2040 San Marcos Drive | |
| 44 CITY-ST-ZIP | Winter Haven, FL | |
| 51 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Halbig, Lee | |
| 53 STREET ADDRESS | 2040 San Marcos Drive | |
| 54 CITY-ST-ZIP | Winter Haven, FL | |
| 61 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | Warren Merrill | |
| 63 STREET ADDRESS | 2040 San Marcos Drive, #206 | |
| 64 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| 65 TITLE | Director | |

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)(4), 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 617, 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

3-13-96

324-3698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)