


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05840 (6)
 1. Corporation Name
PARK LAKE ASSOCIATION NUMBER THREE, INC.



Principal Place of Business 700 OVERLOOK DRIVE WINTER HAVEN FL 33884	Mailing Address 700 OVERLOOK DRIVE WINTER HAVEN FL 33884
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3. Date Incorporated or Qualified
10/25/1984

4. FEI Number
59-2698696

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**CASSIDY, ALBERT B.
 700 OVERLOOK DRIVE
 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STO <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWLEY, IVIE	1.2 NAME	HAROLD FLYNN
STREET ADDRESS	2045 SAN MARCOS DR.	1.3 STREET ADDRESS	2050 San Marcos Dr. #216
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	WINTER HAVEN, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, TRACY	2.2 NAME	TRACY WARD
STREET ADDRESS	2040 SNA MARCOS DRIVE	2.3 STREET ADDRESS	2040 San Marcos Dr.
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	Winter Haven, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, SHANNON	3.2 NAME	
STREET ADDRESS	2040 SAN MARCOS DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, MILLY A.	4.2 NAME	
STREET ADDRESS	2040 SAN MARCOS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBIG, LEE	5.2 NAME	
STREET ADDRESS	2040 SN MARCOS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alex N. Crowley* 2-9-98 941-2944590

CR2E037 (10/97)