## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2004 8:00 am Secretary of State

| DOCUMENT # N05840  1. Entity Name PARK LAKE ASSOCIATION NUMBER THREE, INC.  Principal Place of Business  Mailing Address  |  |  |                               |  |  |  | 02-27-2                                    | :004 9003.  | 5 013 **                       | **61.25                      |
|---|--|--|-------------------------------|--|--|--|--|---|--------------------------------|------------------------------|
| 700 OVERLOOK DRIVE 700 OVERLOOK DRIVE WINTER HAVEN, FL 33884 WINTER HAVEN, FL 338   |  |  |                               |  |  |  |  | iis Bisii Bisii 8/811                             | 21211 21211 2121               | IMEL Di 1981                 |
| 2. Principal P  | lace of Busin  | ness   | 3. Mailing Address            |  |  | -  |  |   |                                |                              |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.           |  |  | _  | ·<br>· · · · · · · · · · · · · · · · · · · | 111 <b>416</b> 11 <b>416</b> 11 61 <b>6</b> 11    | alası aralı êtê)               | )                            |
|   |  |  |                               |  |  | 01272004   | Chg-NP                                     | CR2E037   | 7 (10/03)                      |                              |
| City & State  |  |  | City & State                  | •  | 4. FEI Number 59-2698  |  |  | <u> </u>  | plied For<br>t Applicable      |                              |
| Zip   | Zip Country  |  | Zip Cou                       |  | ntry   | 5. Certificate of Status Desired S8.75 Add Fee Require   |  | litional  |                                |                              |
| 6. Name and Address of Current Registered   |  |  | Registered Agent              |  |  | 7. Name and  | Address of New                             |   |                                | <u> </u>                     |
| CASSIDV   | AI DEDT  | D  |                               |  | Name   |  |  |   |                                |                              |
| CASSIDY, ALBERT B.<br>700 OVERLOOK DRIVE<br>WINTER HAVEN, FL 33880  |  |  |                               |  | Street Address (P.O. Box Number is Not Acceptable)   |  |  |   |                                |                              |
| WINTEKT   |  | L 33660  |                               |  |  |  |  |   |                                |                              |
|   |  |  |                               |  | City   | · · · · · · · · · · · · · · · · · · ·  |  | FL  | Zip Code                       | e                            |
| 8. The above  | named entit  | ty submits this statement for  | the purpose of changing its   | registere  | ed office or registe   | ered agent, or both  | n, in the State of F                       | lorida. I am fa                                   | amiliar with,                  | and accept                   |
| ine opliga  | ions of regis  | tered agent.   |                               |  |  | a card construction  | Gentle Tall                                |   |                                | , .                          |
| SIGNATUŔE.  |  | A sale of the first designation of the   | on the state our will a       | ,1 -   | . 1 2  | The Administration of the Community of t | نوروا سائده ر                              |   |                                |                              |
|   | Signature, typed   | or printed name of registered agent a  | and title if applicable. (NOT | E: Registere   | d Agent signature require  | ed when reinstating)   |  | DATE  |                                |                              |
|   |  |  |                               |  |  |  |  |   |                                |                              |
|   | _  | May 1, 2004  | Trust Fund                    |  |  | \$5.00 May Be<br>Added to Fees   |  | dake check<br>rida Departi                        |                                |                              |
| 10.   | Due by N   |  | Trust Fund                    | Contributi   | on.  | Added to Fees ADDITIONS/CHA  | NGES TO OFFICE                             | rida Departi<br>RS AND DIR                        | ment of St                     | ate                          |
| TITLE   | Due by N   | May 1, 2004<br>OFFICERS AND DIR  | Trust Fund                    | 11.  | on.  | Added to Fees  ADDITIONS/CHA   | NGES TO OFFICE                             | rida Departi<br>ERS AND DIR                       | ECTORS IN                      | ate                          |
|   | PD<br>SMITH, S   | May 1, 2004<br>OFFICERS AND DIR  | Trust Fund                    | 11.  | on.  | Added to Fees  ADDITIONS/CHA   | NGES TO OFFICE                             | rida Departi<br>ERS AND DIR                       | ECTORS IN                      | ate                          |
| TITLE   | PD SMITH, S  | OFFICERS AND DIR   | Trust Fund                    | 11. TITLE NAMI   | on.  | Added to Fees  ADDITIONS/CHA   | NGES TO OFFICE                             | rida Departi<br>ERS AND DIR                       | ECTORS IN                      | ate                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD<br>SMITH, S<br>229 SANT<br>WINTER<br>VPD  | OFFICERS AND DIF<br>SCOTT<br>FA ROSA DR SE<br>HAVEN, FL 33884  | Trust Fund                    | 11. TITLE NAMI   | on. SQC ET ADDRESS ST-ZIP  | Added to Fees ADDITIONS/CHA  | NGES TO OFFICE                             | rida Departi<br>ERS AND DIR                       | ECTORS IN                      | ate                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PD<br>SMITH, S<br>229 SANT<br>WINTER<br>VPD<br>BIANDRE   | OFFICERS AND DIF<br>CCOTT<br>TA ROSA DR SE<br>HAVEN, FL 33884  | Trust Fund                    | 11. TITLE NAMI STRE CITY TITLE   | on. Second   | Added to Fees  ADDITIONS/CHA   | NGES TO OFFICE                             | rida Departi<br>ERS AND DIR                       | ECTORS IN Change               | 10 Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD SMITH, S 229 SANT WINTER VPD BIANDRE 2040 SAN   | OFFICERS AND DIF   | Trust Fund                    | TITLE NAME STREE CITY TITLE NAME STREE NAME STREE  | ET ADDRESS ET ADDRESS ET ADDRESS   | Added to Fees  ADDITIONS/CHA   | NGES TO OFFICE                             | rida Departi<br>ERS AND DIR                       | ECTORS IN Change               | 10 Addition                  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD SMITH, S 229 SANT WINTER VPD BIANDRE 2040 SAN WINTER STD MARCUM   | OFFICERS AND DIR CCOTT TA ROSA DR SE HAVEN, FL 33884 ETH, CHARLES MARCOS DR., #101 HAVEN, FL 33880   | Trust Fund                    | TITLE NAME STREE CITY TITLE NAME STREE NAME STREE  | ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP   | Added to Fees  ADDITIONS/CHA   | NGES TO OFFICE                             | rida Departa<br>ERS AND DIR<br>OY ##10<br>3 388 0 | ECTORS IN Change               | 10 Addition                  |
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