


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90132 037 ****61.25

DOCUMENT # N05840 1. Entity Name PARK LAKE ASSOCIATION NUMBER THREE, INC.		
Principal Place of Business 2050 SAN MARCOS DR #220 WINTER HAVEN, FL 33880		Mailing Address 2050 SAN MARCOS DR WINTER HAVEN, FL 33880
2. Principle Place of Business: 2045 San Marcos Drive City & State: Winter Haven, FL Zip 33880 Country USA		Mailing Address 2045 San Marcos Drive City & State: Winter Haven, FL Zip 33880
6. Name and Address of Current Registered Agent MAZETIS, ERIC V 2050 SAN MARCOS DR #220 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 Zip Code
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 <u>Richard A. Tenaglia</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE <u>PDS</u> <input type="checkbox"/> Delete NAME MAZETIS, ERIC STREET ADDRESS 2049 SAN MARCOS DR #220 CITY-ST-ZIP WINTER HAVEN, FL 33880	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>VPD</u> <input type="checkbox"/> Delete NAME BIANDRETH, CHARLES STREET ADDRESS 2040 SAN MARCOS DR., #101 CITY-ST-ZIP WINTER HAVEN, FL 33880	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>TD</u> <input checked="" type="checkbox"/> Delete NAME RIDDLE, DAVID STREET ADDRESS 2040 SAN MARCOS DR., #103 CITY-ST-ZIP WINTER HAVEN, FL 33880	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>DT</u> <input type="checkbox"/> Delete NAME JANOWICZ, JOHN STREET ADDRESS 2050 SAN MARCOS DR #211 CITY-ST-ZIP WINTER HAVEN, FL 33880	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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 other like empowered.		
SIGNATURE: <u>E. J. [Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/14/06</u> Daytime Phone: <u>321-689-6728</u>

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03072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2698696 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required