

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 11:11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15848** (7)
1. Corporation Name
PARK LAKE ASSOCIATION NUMBER FOUR, 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 07/14/1986	3a. Date of Last Report 02/24/1994
4. FEI Number 59-2754933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Zip	29. Country
25. Country	30. Zip

9. Name and Address of Current Registered Agent
**CASSIDY, ALBERT B.
2932 PLANTATION RD SE
WINTER HAVEN FL 33980**

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	NAME GAFFNEY, VERNON	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2065 ISLE ROYALE COURT #151	CITY-ST-ZIP WINTER HAVEN FL	1.2 NAME	
TITLE STD	NAME ROSENBLUM, CAROL	1.3 STREET ADDRESS 2076 ISLE ROYAL	
STREET ADDRESS 2065 ISLE ROYALE CT., SUITE 168	CITY-ST-ZIP WINTER HAVEN FL	1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880	
TITLE D	NAME SULLIVAN, MARG	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2934 PLANTATION RD	CITY-ST-ZIP WINTER HAVEN FL	2.2 NAME	
TITLE PD	NAME ROSENBLUM, HARRY	2.3 STREET ADDRESS 2065 ISLE ROYAL	
STREET ADDRESS 2065 ISLE ROYALE COURT #168	CITY-ST-ZIP WINTER HAVEN FL	2.4 CITY-ST-ZIP WINTER HAVEN, FL 33880	
TITLE D	NAME NOGERA, MARGARET	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2076 ISLE ROYALE, SUITE 165	CITY-ST-ZIP WINTER HAVEN FL	3.2 NAME	
TITLE PD	NAME FLYNN, HAROLD	3.3 STREET ADDRESS	
STREET ADDRESS 2065 ISLE ROYAL	CITY-ST-ZIP WINTER HAVEN FL	3.4 CITY-ST-ZIP WINTER HAVEN, FL 33880	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Flynn DATE: 3/09/95 813-299-9611