	COF ANNU	ONPROFIT RPORATION JAL REPORT 1999		FLORIDA DEPARTMEN  Katherine Ha  Secretary of St  DIVISION OF CORPO			-		99 MAR 22 AN II: 37				
r	DOCUMENT # N15848								55 HIM & ARTHUR				
1. Corporation Name								1	VALUATION FLORIDA				
PARK LAKE ASSOCIATION NUMBER FOUR, INC.								- 1	14. T. H. S.	nia F	Lonid	Λ	
									17 11				
Principal Place of Business Malling Address								l					
700 OVERLOOK DRIVE 700 OVERLOOK DRIVE WINTER HAVEN FL 33884													
"	MAICH UNIAC	N FL 33004		WINTER HAVEN FL 33884					•				
								1					
L													
	Principal P	tace of Business	2a. Mailing Address					3. Data incorporated or Qualifed					
21				26					07/14/1986				
22	Sulte, Apt. #, etc.			Suite, Apt. #, etc.				- 1	4. FEI Number 59-2754933	•	•		plied For t Applicable
1	City & Stal		City & State	v & State							\$8.75		
23			20	NY & CENT				5. Certificate of Status D	estred		Fee Re		
	Zip								6. Election Campaign F	inancing		\$5.00	May Be
24 25 29									Trust Fund Contribut	on	<u> </u>	Added t	o Fees
}		9. Name and Addre	ss of Current R	egistered Agent		B1			10. Name and Address	of New Re	gistered /	Agent	
**************************************							Name						
CASSIDY, ALBERT B.							Street	Address	s (P.O. Box Number is No	t Acceptabl	e)		
700 OVERLOOK DRIVE						4	63						
WINTER HAVEN FL 33880													
							City	Fi. as Zip Code					
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida State</li> </ol>							-named	corpora	tion authorite this steleme	nt for the ou		changing its	registered
	office or r	egistered agent, or both,	in the State of F	forida. Such change was aut	horized le Stet	by	the corpo	oration's	board of directors. I hen	by accept t	he appoin	tment as rec	istered
		The state of the s	principality	14 Ci, Duddin (11.0355), 1 Cin	A Cuin		•						{
							tered Agent eignature required when remetating) DATE						
12				ND DIRECTORS					ADDITIONS/CHANGE	S TO OFFIC	ERS AN		
1m	1 -			□ DELETE 1.1				1				Change	☐ Addition
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	REET ADDRESS				13 STREE 14 CITY-5								
TITLE VD WINTER HAVEN FL				₹ DELETE 2.11			7-20P	<del> </del> -				Change	Addition
	NAME COONEY, CARL			22 N				1				C. C. C. See	C. Parameri I
STREET ACORESS 2075 ISLE ROYALE COURT			COURT	1			ADDRESS						ĺ
ſ	Y-87-21P	WINTER HAVEN FL					1-20P	İ					1
m		STD				1 TITLE		<u> </u>				Change	Addition
HAN	Æ	CROWLEY, ME			3.2 NAM		İ						ĺ
STR	EET ADDRESS	2357 DIAMOND RD			33 ST	REET	ADDRESS	l					
cm	r-51-ZIP	WINTER HAVEN FL		34. CITY- ST-2P		<u> </u>		10:	سليو	<b></b>			
m	l l	☐ DELETE				4.1 TITLE		Vi	e-Presiden	r I UIR	XCIVI	Change	Addition
W	í	1					4. 2 NAME		arl Quen 075 Isle Roy	ale C	4.42	165	ļ
ľ	EET ADORESS					4 3 STREET ADDRESS		ا مرز	ALL TO THE KEN	7 C	2200	~~ <i>-</i>	[
	Y-ST-ZIP	DELETE				4.4 CHY-ST-ZIP 5.1 TITUE		<u>ا                                    </u>	inter Haven	72	7288		CT Addis-
TITI NAS	1			□ rereie	51 TII 52 NA		ł	1				Change	Addition
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tm				☐ DELETE	61777							Change	Addition
NA	J				62 NW	ME	- 1	1		1	· ~ //	7	
							ADODES:				$ \langle B \rangle$		ŧ

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 \( \) further certify that the information indicated on this annual report or suppliamental annual report is true and accurate and that my signature shall have the same legal effect as if rived sincer out; that I am an officer or director of the corporation of 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 one attachment with an address, with of the rive empowered.

SIGNATURE

2/3/99

(941) 324-3698