

2000 UNIFORM BUSINESS REPORT (UBR)

3/2/00-90006-040-\$61.25-\$61.25

DOCUMENT # N15848

1. Entity Name

PARK LAKE ASSOCIATION NUMBER FOUR, INC.

Principal Place of Business

Mailing Address

700 OVERLOOK DRIVE
WINTER HAVEN FL 33884

700 OVERLOOK DRIVE
WINTER HAVEN FL 33884-1693

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2754933

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CASSIDY, ALBERT B.
700 OVERLOOK DRIVE
WINTER HAVEN FL 33880**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHARLOUX, RAYMOND	
STREET ADDRESS	2075 ISLE ROYAL	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD:	<input type="checkbox"/> Delete
NAME	CROWLEY, IVE	
STREET ADDRESS	2357 DIAMOND RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OWEN, EARL	
STREET ADDRESS	2075 ISLE ROYALE CT., #265	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl Owen	
STREET ADDRESS	2075 Isle Royale Ct. #265	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	V-President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	See Pres. / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Smith	
STREET ADDRESS	229 Santa Rosa Dr. SE	
CITY-ST-ZIP	Winter Haven, FL 33884	
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		

12. 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 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 (863) 324-3698

Date

Daytime Phone #

FILED
00 MAR 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20028611

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

SP