

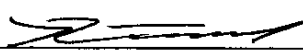
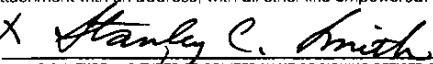


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90333 050 ****61.25

DOCUMENT # N15848 1. Entity Name PARK LAKE ASSOCIATION NUMBER FOUR, INC.		
Principal Place of Business 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880		Mailing Address 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880
2. Principle Place of Business: 2045 San Marcos Drive City & State: Winter Haven, FL Zip 33880 Country USA	3. Mailing Address 2045 San Marcos Drive City & State: Winter Haven, FL Zip 33880	50010575  03072006 Chg-NP CR2E037 (11/05)
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. Name and Address of Current Registered Agent CASSIDY, ALBERT B 295 FIRST STREET SOUTH 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)</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 PD <input checked="" type="checkbox"/> Delete NAME VAN AGTMAEL, FRANK STREET ADDRESS 2065 ISLE ROYALE CT #150 CITY-ST-ZIP WINTER HAVEN, FL 33880	TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ruth Hart STREET ADDRESS 1303 mirror Terrace NW CITY-ST-ZIP Winter Haven FL 33880	
TITLE STD <input checked="" type="checkbox"/> Delete NAME LOVE, TRENT STREET ADDRESS 2085 ISLE ROYALE CT #285 CITY-ST-ZIP WINTER HAVEN, FL 33880	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Howard McClanathan STREET ADDRESS 81 Wileys Lane CITY-ST-ZIP Pasadena, MD 21122	
TITLE PSD <input type="checkbox"/> Delete NAME SMITH, STAN STREET ADDRESS P.O. BOX 2576 CITY-ST-ZIP WINTER HAVEN, FL 33883	TITLE <input checked="" 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"/> Delete 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 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 all other like empowered.		
SIGNATURE:  <u>Stanley C. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/22/06</u> <small>Date Daytime Phone #</small>