

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22404 (0)

1. Corporation Name  
**PARK LAKE ASSOCIATION NUMBER SIX, INC.**



Principal Place of Business: 700 OVERLOOK DRIVE WINTER HAVEN FL 33884  
Mailing Address: 700 OVERLOOK DRIVE WINTER HAVEN FL 33884

3. Date Incorporated or Qualified: 09/09/1987  
3a. Date of Last Report: 03/15/1995  
4. FEI Number: 59-2847608  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CASSIDY, STEVEN L. 632 AVENUE T, S.E. WINTER HAVEN FL 33880  
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address (700 Overlook Drive), City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SPENCER, WILLIAM STREET ADDRESS: 2090 SAN MARCOS CIRCLE CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> DELETE	11 TITLE: D 12 NAME: GALE, DON 13 STREET ADDRESS: 2090 SAN MARCOS CIRCLE 14 CITY-ST-ZIP: WINTER HAVEN, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: DINESEN, MARILYN STREET ADDRESS: 2180 SAN MARCOS DRIVE, #406 CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ERTMAN, HENRY STREET ADDRESS: 230 MONTGOMERY AVE CITY-ST-ZIP: BOVERTOWN PA	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: EDWARDS, PHILIP STREET ADDRESS: 42 BEAVER DAM RD CITY-ST-ZIP: SCITUATE MA	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WRIGHT, MARION STREET ADDRESS: 2090 SAN MARCOS DR, #176 CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: WRIGHT, HAROLD 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *President: William T. Spencer* 3/12/96 941-799-9168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY PHONE #

CR2E037 (12/95)