

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90063 039 ****61.25

DOCUMENT # N22404

1. Entity Name

PARK LAKE ASSOCIATION NUMBER SIX, INC.

Principal Place of Business

Mailing Address

700 OVERLOOK DRIVE
 WINTER HAVEN FL 33884

700 OVERLOOK DRIVE
 WINTER HAVEN FL 33884-1669

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

59-2847608

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSIDY, STEVEN L.
700 OVERLOOK DRIVE
WINTER HAVEN FL 33880

Name

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

City

FL

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.

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 type="checkbox"/> Delete
NAME	SPENCER, WILLIAM	
STREET ADDRESS	2090 SAN MARCOS CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOUFFER, CHARLES	
STREET ADDRESS	2180 SAN MARCOS CIR #412	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDWARDS, PHILIP	
STREET ADDRESS	42 BEAVER DAM RD	
CITY-ST-ZIP	SCITUATE MA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GALE, DONALD	
STREET ADDRESS	2090 SAN MARCOS DR #170	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONNELLY, JACK	
STREET ADDRESS	2180 SAN MARCOS CIR #411	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEZINA, RICHARD	
STREET ADDRESS	P.O. BOX 6	
CITY-ST-ZIP	DAIELSON CT 06239	

TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl Hemmer	
STREET ADDRESS	2090 San marcos Dr. #273	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	Director	<input checked="" 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		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Ertman	
STREET ADDRESS	2090 San marcos Dr. #172	
CITY-ST-ZIP	Winter Haven, FL 33880	

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:

Karl Hemmer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

(863)324-3698

Daytime Phone #

CR2E037 (9/99)