


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90038 001 ****61.25

| | | | | | |
|---|------------------------------------|--|---|---|-----------------|
| DOCUMENT # N22404 | | | |  | |
| 1. Entity 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 | | | |
| 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | VP | <input type="checkbox"/> Delete | | | |
| NAME | BETT, GALE | | | | |
| STREET ADDRESS | 2090 SAN MARCOS DR, #170 | | | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | | | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | | | |
| NAME | HEMMER, KARL | | | | |
| STREET ADDRESS | 2090 SAN MARCOS DR 273 | | | | |
| CITY-ST-ZIP | WINTER HAVEN, FL | | | | |
| TITLE | D | <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 | SMITH, SCOTT | | | | |
| STREET ADDRESS | 229 SANTA ROSA DR. SE | | | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | AMES, ALBERT | | | | |
| STREET ADDRESS | 2866 LAKELAND PARKWAY | | | | |
| CITY-ST-ZIP | SILVER LAKE, OH 44224 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | Henry Ertman | | | | |
| STREET ADDRESS | 143 Montgomery Ave. | | | | |
| CITY-ST-ZIP | Boyetown, PA. 19512 | | | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | Dan Knorek | | | | |
| STREET ADDRESS | 38 Fishermans Cove | | | | |
| CITY-ST-ZIP | Porte Vedra Beach, FL 32082 | | | | |
| 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: _____ | | | Date | | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |