
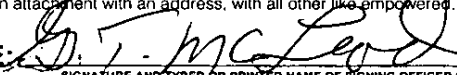


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 002 ****61.25

DOCUMENT # N22404						
1. Entity Name PARK LAKE ASSOCIATION NUMBER SIX, INC.						
Principal Place of Business 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880			Mailing Address 2045 SAN MARCOS DRIVE WINTER HAVEN, FL 33880			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2847608		
7ip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
TENAGLIA, RICHARD A C/O CREATIVE ASSOCIATION SERV., INC. 2045 SAN MARCOS 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 _____			DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007			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	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETT, GALE			NAME		
STREET ADDRESS	2090 SAN MARCOS DR, #170			STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOREK, DAN			NAME		
STREET ADDRESS	38 FISHERMANS COVE			STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, PHILIP			NAME		
STREET ADDRESS	42 BEAVER DAM RD			STREET ADDRESS		
CITY-ST-ZIP	SCITUATE, MA			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEOD, GEOFF			NAME		
STREET ADDRESS	3028 AVALON TERRACE DR.			STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594			CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, SCOTT			NAME		
STREET ADDRESS	229 SANTA ROSA DR. S.E.			STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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: 				Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		