

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726540

**Entity Name:** PARK LAKE VILLAS, INC.**Current Principal Place of Business:**620 N WYMORE RD  
SUITE 270  
MAITLAND, FL 32751**Current Mailing Address:**620 N WYMORE RD  
SUITE 270  
MAITLAND, FL 32751 US**FEI Number:** 59-1696084**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF JOHN DIMASI, PA  
801 N ORLANDO AVE SUITE 500  
ORLANDO, FL 32801 US*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:** JOHN DIMASI

02/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NELEN, BARBARA  
Address        620 N WYMORE RD  
                 SUITE 270  
City-State-Zip: MAITLAND FL 32751

Title            TREASURER  
Name            CASSIDY TYKOWSKI, PATRICIA  
Address        620 N WYMORE RD  
                 SUITE 270  
City-State-Zip: MAITLAND FL 32751

Title            SECRETARY  
Name            FREEMAN, HARRIET  
Address        620 N WYMORE RD  
                 SUITE 270  
City-State-Zip: MAITLAND FL 32751

Title            VP  
Name            NORTON, NICOLA  
Address        620 N WYMORE RD  
                 SUITE 270  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR  
Name            MENDOZA, NANCY  
Address        620 N WYMORE RD  
                 SUITE 270  
City-State-Zip: MAITLAND FL 32751

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA NELEN

PRESIDENT

02/16/2023

Electronic Signature of Signing Officer/Director Detail

Date