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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 702575 (2)

1. Corporation Name

CROOKED LAKE PARK ASSOCIATION, INC.

Principal Place of Business

233 CENTRAL DR
LAKE WALES FL 33853

Mailing Address

252 CANAL DRIVE
LAKE WALES FL 33853-8755



3. Date Incorporated or Qualified
06/19/1961

3a. Date of Last Report
01/09/1996

4. FEI Number

59-2349081

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, D. ANDREW
225 E PARK AVE
LAKE WALES FL 33853

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIKULA, EDWARD	
STREET ADDRESS	527 SUNSHINE DR	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, SHIRLEY	
STREET ADDRESS	5035 AVON STREET	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SAMSEN, JACKIE	
STREET ADDRESS	4704 FLEETWOOD ST	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KWASNY, BARBARA	
STREET ADDRESS	252 CANAL DR	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIGHTLER, BETTY	
STREET ADDRESS	404 SUNSHINE DR	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *Barbara Kwasny* Barbara Kwasny 1/28/97-941-638300

CR2E037 (9/96)