

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	---

3. Date Incorporated or Qualified 06/19/1961	4. FEI Number 59-2349081	Applied For <input type="checkbox"/> Not Applicable
---	-----------------------------	--

2. Principal Place of Business 21 233 Central Dr Suite, Apt. #, etc. 22 City & State 23 Lake Wales - FL Zip 24 33853 Country 25 USA	2a. Mailing Address 26 252 Canal Drive Suite, Apt. #, etc. 27 City & State 28 Lake Wales, FL Zip 29 33853 Country 30 USA
--	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent HUNT, D. ANDREW 225 E PARK AVE LAKE WALES FL 33853

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
--

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKULA, EDWARD 527 SUNSHINE DR LAKE WALES FL 33853 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Pres Allen Mann 4926 Easton St Lake Wales, FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, SHIRLEY 5035 AVON STREET LAKE WALES FL 33853 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Jane Robinson 502 Sunshine Drive Lake Wales, FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAMSEN, JACKIE 4704 FLEETWOOD ST LAKE WALES FL 33853 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KWASNY, BARBARA 252 CANAL DR LAKE WALES FL 33853 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIGHTLER, BETTY 404 SUNSHINE DR LAKE WALES FL 33853 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Mrs Alan Mann SD 4926 Easton St Lake Wales, FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 Kwasy Barbara Kwasy TD 1/7/98 941-638-3000

CR2E037 (10/97)