


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90063 049 ****61.25

0058037

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702575					
1. Corporation Name CROOKED LAKE PARK ASSOCIATION, INC.					
Principal Place of Business 233 CENTRAL DR LAKE WALES FL 33853 US			Mailing Address 252 CANAL DRIVE LAKE WALES FL 33853		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/19/1961 4. FEI Number 59-2349081 Applied For Not Applicable 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	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME MANN, ALLEN STREET ADDRESS 4926 EASTON ST CITY-ST-ZIP LAKE WALES FL 33853			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Robert Nobles 1.3 STREET ADDRESS 4952 Easton 1.4 CITY-ST-ZIP Lake Wales, FL 33853		
TITLE VPD <input type="checkbox"/> DELETE NAME ROBINSON, JANE STREET ADDRESS 502 SUNSHINE DRIVE CITY-ST-ZIP LAKE WALES FL 33853			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VPD <input type="checkbox"/> DELETE NAME SAMSEN, JACKIE STREET ADDRESS 4704 FLEETWOOD ST CITY-ST-ZIP LAKE WALES FL 33853			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE NAME KWASNY, BARBARA STREET ADDRESS 252 CANAL DR CITY-ST-ZIP LAKE WALES FL 33853			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME MANN, MRS. ALAN STREET ADDRESS 4926 EASTON ST CITY-ST-ZIP LAKE WALES FL 33853			5.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME DeeDe Haddock 5.3 STREET ADDRESS 4949 Wales St 5.4 CITY-ST-ZIP Lake Wales, FL 33853		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

Barbara Kwasny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/11/99 Daytime Phone 941-638-3000

CR2E037 (11/98)