

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # 702575

1. Entity Name

CROOKED LAKE PARK ASSOCIATION, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90093 019 \*\*\*\*61.25

Principal Place of Business	Mailing Address
233 CENTRAL DR LAKE WALES FL 33853 US	252 CANAL DRIVE LAKE WALES FL 33853-8755

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2349081	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
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	
HUNT, D. ANDREW 225 E PARK AVE LAKE WALES FL 33853		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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME NOBLES, ROBERT STREET ADDRESS 4852 EASTON CITY-ST-ZIP LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Eric Imel STREET ADDRESS 266 Central CITY-ST-ZIP Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME ROBINSON, JANE STREET ADDRESS 502 SUNSHINE DRIVE CITY-ST-ZIP LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SAMSEN, JACKIE STREET ADDRESS 4704 FLEETWOOD ST CITY-ST-ZIP LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME KWASNY, BARBARA STREET ADDRESS 252 CANAL DR CITY-ST-ZIP LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HADDOCK, DEEDE STREET ADDRESS 4949 WALES SR CITY-ST-ZIP LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Trish Pike STREET ADDRESS 255 Central CITY-ST-ZIP Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Barbara Kwasny 4/24/2000 863-638-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)