

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702575

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2349081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE PD ☐ Delete
NAME IMEL, ERIC
STREET ADDRESS 266 CENTRAL
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VPD ☐ Delete
NAME ROBINSON, JANE
STREET ADDRESS 502 SUNSHINE DRIVE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE TD ☐ Delete
NAME KWASNY, BARBARA
STREET ADDRESS 252 CANAL DR
CITY-ST-ZIP LAKE WALES FL 33853

TITLE SD ☐ Delete
NAME PIKE, TRISH
STREET ADDRESS 255 CENTRAL
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Kwasy 1/8/01 962-638-3000

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90036 045 ****61.25



DO NOT WRITE IN THIS SPACE

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