2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 702575

Entity Name: CROOKED LAKE PARK ASSOCIATION, INC.

Current Principal Place of Business:

233 CENTRAL DR
LAKE WALES, FL 33853 US

New Principal Place of Business:

233 CENTRAL DR
LAKE WALES, FL 33859 US

Current Mailing Address:

252 CANAL DRIVE
LAKE WALES, FL 33853

New Mailing Address:

252 CANAL DRIVE
LAKE WALES, FL 33859

FEI Number: 59-2349081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KWASNY, BARBARA
252 CANAL DR
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PIKE, DAVIDD
Address: 255 CENTRAL DR
City-St-Zip: LAKE WALES, FL 33859

Title: VPD ( ) Delete
Name: NELMS, HANK
Address: 114 CENTRAL DR
City-St-Zip: LAKE WALES, FL 33859

Title: TD ( ) Delete
Name: KWASNY, BARBARA,
Address: 252 CANAL DR
City-St-Zip: LAKE WALES, FL 33859

Title: SP ( ) Delete
Name: PIKE, TISH
Address: 255 CENTRAL DR
City-St-Zip: LAKE WALES, FL 33859

Title: VPD ( ) Delete
Name: COATES, JASON
Address: 746 CANAL DR
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: GACHERIO, BOB
Address: 311 SUNSHINE DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA KWASNY TD 02/04/2009
Electronic Signature of Signing Officer or Director — Date