

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702575

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** CROOKED LAKE PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

233 CENTRAL DR  
LAKE WALES, FL 33859 US

**New Principal Place of Business:**

**Current Mailing Address:**

252 CANAL DRIVE  
LAKE WALES, FL 33859

**New Mailing Address:**

**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:**

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

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: BARBARA KWASNY

01/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PIKE, DAVID  
Address: 255 CENTRAL DR  
City-St-Zip: LAKE WALES, FL 33859

Title: VPD  
Name: GACHERIO, SUE  
Address: 311 SUNSHINE DRIVE  
City-St-Zip: LAKE WALES, FL 33859

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

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

Title: VPD  
Name: COATES, JASON  
Address: 246 CANAL DR  
City-St-Zip: LAKE WALES, FL 33859

I hereby 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 all other like empowered.

SIGNATURE: BARBARA KWASNY

TREA

01/28/2010

Electronic Signature of Signing Officer or Director

Date