

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90084 042 ****61.25

DOCUMENT # 750288

1. Entity Name

PARK LAKE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business

P O BOX 1394
ELFERS FL 34680

Mailing Address

P O BOX 1394
ELFERS FL 34680

24006809



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1952517

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COUTURE, ALBERT
4346 OTTER WAY
NEW PORT RICHEY FL 34653

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME COUTURE, ALBERT ☐ Delete
STREET ADDRESS 4346 OTTER WAY
CITY-ST-ZIP NEW PT RICHEY FL

TITLE SD
NAME DAVTON, LILYAN V ☒ Delete
STREET ADDRESS 4371 OWNER WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE D
NAME DISERIVO, IDA ☐ Delete
STREET ADDRESS 44248 SWALLOWTAIL
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VP
NAME ROZANKOWSKI, RONALD ☐ Delete
STREET ADDRESS 8324 FISHHAWK AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE I
NAME JACKSON, F I ☐ Delete
STREET ADDRESS 8318 FISHHAWK AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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 SECRETARY ☒ Change ☐ Addition
NAME JOANN G NAU
STREET ADDRESS 8324 FISHHAWK AVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

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

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: *F. I. Jackson* F. I. JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2004 727-376-8229

Date

Daytime Phone #