2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am **Secretary of State**

01 22 2002 00062 011 ****61 25

DOCUMENT # 750288 1. Entity Name PARK LAKE ESTATES CIVIC ASSOCIATION, INC.							08 90068	011 ****6	1.25	
Principal Place P 0 BOX 139 ELFERS, FL	94			Man	. •					
2. Principal P	Place of Business - No P.O. Box #									
·		3. Mailing Address			1 (301) (030)	i mairi amiri irant fai	MI IMII MIMII KINII I	01M11 M1M14 M1M41 M1M1	614F OL 1861	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01082008	Chg-NP	CR2E	037 (12/06)		
City & Stat	re .	City & State		4. FEI Numbe 59-195				oplied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired			CO 75 Additional		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of No	w Registered	<u></u>		
SMITH, JII			Name							
4651 ADD			Street	Street Address (P.O. Box Number is Not Acceptable)						
11211011				·						
			City	FL Zip Code						
the obligat	named entity submits this statement fo tions of registered agent.			-		,		,		
SIGNATURE	Signature, typed or printed name of registered agent	and title # applicable. (NOTE	Registered Agent sign	nature required	d when reinstating)		DATE			
SIGNATURE		and title # applicable. (NOTE 9. Election Cam Trust Fund C	paign Financing		\$5.00 May 8 Added to Fees	le l	Make che	ck payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Cam Trust Fund C	paign Financing ontribution.	<u></u>	\$5.00 May 8		Make che Florida Dep	ck payable to artment of Si DIRECTORS IN	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 727-375-1044

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

ANNOAL NETON							, ALIAUHMEN!					
DOCUMENT # 750288 1. Entity Name PARK LAKE ESTATES CIVIC ASSOCIATION, INC.								, , , ,				
Principal Place	e of Business		Mailing A	ddress								
P 0 B0X 139			P 0 B0									
ELFERS, FL	34680		ELFERS	, FL 34 6 80			- 1					
								110	MA	211		
2. Principal Place of Business - No P.O. Box # 3. Mai				3. Mailing Address			1 H	W ² /,	244)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082008 C	hg-NP	CR2E037	<u> </u>		
City & State			City & State			ŀ	4. FEI Number Applied For 59-1952517 Not Applicable					
Zip Country			Zip Cour			intry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and	Address of Current F	legistered /	Agent		[7. Name and Add	Ireas of New	Registered A	gent	
CAUTH IIA						Name						
SMITH, JIM 4651 ADDAX DR. NEW PORT RICHEY, FL 34653						Street A	ddress (I	P.O. Box Number is	Not Acceptab	le)		
						City				FL	Zip Code	,
The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.							ed agent, or both, in	the State of F		miliar with, a	and accept	
rie onegati	ions or registered	-		o		_,	,					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
Filing Fee la \$61.25 9. Election Campaign Financing \$5.00 May 8e Make								Make check				
	Due by May	1, 2008	ļ	Trust Fund C	Contribut	ion.		Added to Fees	Flo	rida Depart	nent of St	ate
10.		OFFICERS AND DIR	ECTORS 7		11.			ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIR	ECTORS IN	10
TITLE	Р			Delete	TITL		D				Change	Addition
NAME Street adoress	SMITH, JIM 4651 ADDAX I	no /			NAM	et address	PET	TER DAY	-	-		
CITY-ST-ZIP	1	ICHEY, FL 34653				-ST-ZIP	N. P	P. FL	34653	-,		
TITLE	1VP	/		☐ Delete	rm	 E	70	· · · · · · · · · · · · · · · · · · ·	, - 1 -		☐ Change	Addition
NAME	DUQUETTE, 1	гом /			NAM	IE .	24	161 50m				
STREET ADDRESS	8228 TARSIER	1				et address	411	COTTON!	TAIL	DR.		[
CITY-ST-ZIP	<u> </u>	ICHEY, FL 34653			CITY	-ST-ZIP	N. P	R. FL -	34653			
TITLE	D	,		Delete	1III.						Change	Addition
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CITY-ST-ZIP	l	ICHEY, FL 34653				'-ST-ZIP						
TITLE	2VP			☐ Delete	rm	£					Change	Addition
NAME	MAZANEK, BA	ARBARA	- 1		NAM	IE						-
STREET ADDRESS	8220 TARSIE	. —			1	EET ADORESS						
CITY-ST-ZIP	 	ICHEY, FL 34653				-ST-ZIP			····			
TITLE NAME	T SMITH, JOSE	ы -		☐ Delete	TITL NAA						☐ Change	☐ Addition
STREET ADDRESS	4751 ADDAX	,			- 1	EET ADDRESS						
CITY-ST-ZHP	NEW PORT R	ICHEY, FL 34653			ст	-ST-ZIP						
TITLE	D			☐ Delete	ŢΠ	E					☐ Change	Addition
NAME	KETNER, HEL	•			NAN		ļ					ļ
STREET ADORESS CITY-ST-ZEP	4121 RACCO	1				eet address (-st-zip						
		ICHEY, FL 34653	45 (5 (1) d					Lin Chanter 110 Gl	orida Ctatutas	I further porti	fu that the in	formation
12. I hereby certify that the information exposed with this filing does not qualify for the exemptions contained in Chapter 1.19, 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.												
_												
SIGNAT	UNE;s	GNATURE AND TYPED OR P	RINTED NAME	OF SIGNING OFFICER	OR DIREC	TOR			Date	Di	aytime Phone#	