

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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

01-22-2008 90068 011 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1952517				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JIM 4651 ADDAX DR. NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JIM 4651 ADDAX DR. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSAN DAY 8200 TARSIER AVE. N.P.R., FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DUQUETTE, TOM 8228 TARSIER AVE. NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLE JACKSON 8318 FISH HAWK AVE. N.P.R., FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISERIVO, IDA 4248 SWALLOWTAIL DRIVE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVAN JACKSON 8318 FISH HAWK AVE. N.P.R., FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MAZANEK, BARBARA 8220 TARSIER AVE. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDIE SMITH 4651 ADDAX DR. N.P.R., FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JOSEPH P 4751 ADDAX DRIVE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL COUTURE 4346 LOTTERWAY N.P.R., FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETNER, HELEN 4121 RACCOON LOOP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP HENRY 4141 COTTON TAIL DR. N.P.R., FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: <u>Joseph P. Smith</u> JOSEPH P. SMITH 1/15/08 727-375-1044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1952517	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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SEPARATE SHEET					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	P	SMITH, JIM	4651 ADDAX DR. NEW PORT RICHEY, FL 34653		
	1VP	DUQUETTE, TOM	8228 TARSIER AVE. NEW PORT RICHEY, FL 34653		
	D	DISERIVO, IDA	4248 SWALLOWTAIL DRIVE NEW PORT RICHEY, FL 34653		
	2VP	MAZANEK, BARBARA	8220 TARSIER AVE. NEW PORT RICHEY, FL 34653		
	T	SMITH, JOSEPH P	4751 ADDAX DRIVE NEW PORT RICHEY, FL 34653		
	D	KETNER, HELEN	4121 RACCOON LOOP NEW PORT RICHEY, FL 34653		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	D	PETER DAY	8200 TARSIER AVE. N.P.R., FL 34653		
	D	LUIGI SQUILLANTE	4111 COTTON TAIL DR. N.P.R., FL 34653		
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 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: _____ Date _____ Daytime Phone # _____					