


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00343</b>		
1. Entity Name AVON PARK LAKES ASSOCIATION		
Principal Place of Business % DAVID F. LANIER 30 E. MAIN ST. AVON PARK, FL 33825	Mailing Address % DAVID F. LANIER 30 E. MAIN ST. AVON PARK, FL 33825	



01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0899701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  LANIER, DAVID F. 30 E. MAIN ST. AVON PARK, FL 33825	<b>DO NOT WRITE IN THIS SPACE</b>
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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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHULTZ, RAYMOND 2905 N. LOWELL RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEE, ROLAND 2871 LOWELL RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPE, BRENDA 2413 N. DUNWOODLE RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMOOT, BARBARA 2075 N. STERLING RD. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTINGER, DEAN 2612 W MARION RD AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SCHIRADER, ELMER 3284 CARMINE RD AVON PARK, FL 33825

000000238747  
02/22/05-80012-025 61.25

**DO NOT WRITE IN THIS SPACE**

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: Barbara D. Smoot TREASURER 2/18/05 863-453-3062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #