

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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90030 037 ****61.25

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1. Entity Name

COLLEGE PARK HOME OWNERS ASSOCIATION OF L.W.,
INC.



Principal Place of Business

150 N CENTRAL DRIVE
LAKE WALES FL 33853

Mailing Address

150 N CENTRAL DRIVE
LAKE WALES FL 33853

2. Principal Place of Business

150 NORTH DRIVE

Suite, Apt. #, etc.

3. Mailing Address

150 NORTH DRIVE

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33859

Country

USA

City & State

LAKE WALES, FL

Zip

33859

Country

USA

4. FEI Number

59-3697510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT
4619 EAST LANE #81
LAKE WALES FL 33853

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

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 D
NAME VAN ASDALE, GAYLORD ☐ Delete
STREET ADDRESS 158 SOUTH DR #15
CITY-ST-ZIP LAKE WALES FL 33859

TITLE PCD
NAME BARNOFF, DONALD ☐ Delete
STREET ADDRESS 137 N CENTRAL DR #56
CITY-ST-ZIP LAKE WALES FL 33859

TITLE SD
NAME ANTHONY, RITA JANE ☐ Delete
STREET ADDRESS 142 NORTH DR #70
CITY-ST-ZIP LAKE WALES FL 33859

TITLE TD ☒ Delete
NAME DICKINSON, OW
STREET ADDRESS 150 N CENTRAL DR #44
CITY-ST-ZIP LAKE WALES FL 33859

TITLE D ☐ Delete
NAME HENRY, RALPH
STREET ADDRESS 162 SOUTH DR 316
CITY-ST-ZIP LAKE WALES FL 33859

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P C D ☒ Change ☐ Addition
NAME
STREET ADDRESS 241 LAKE BLVD
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME PARTINGTON, GERALD L
STREET ADDRESS 150 NORTH DRIVE #72
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 162 SOUTH DR #16
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME A. GRACE SELENT - RATZLAFF
STREET ADDRESS 158 N CENTRAL DRIVE #46
CITY-ST-ZIP LAKE WALES, FL 33859

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:

Gerald L Partington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04 (863) 638-1528

Date

Daytime Phone #