| DOCUMENT # N01000001519 1. Entity Name COLLEGE PARK HOME OWNERS ASSOCIATION OF L.W., INC. | | | | Mar 03, 2005 8:00 Secretary of Stat 03-03-2005 90169 039 ****61.25 | | | |
|---|---|---|---|--|--|--|------------------------------|
| Principal Place of Business 150 NORTH DRIVE LAKE WALES, FL 33859 2. Principal Place of Business Suite, Apt. #, etc. | | Mailing Address 150 NORTH DRIVE LAKE WALES, FL 33859 3. Mailing Address Suite, Apt. #, etc. | | | | | miffan ún 1891 |
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| | | | | 0203 | 2005 Chg-NP CR2E037 (10/03) | | |
| City & Stat | ie | City & State | | | Number 9-3697510 | | pplied For lot Applicable |
| Zip | Country | Zip | Country | 5. Ce | rtificate of Status Desire | \$9.75 | iditional |
| MILLER, ROBERT 4619 EAST LANE #81 LAKE WALES, FL 33853 | | | City LAKE WALES FL Zip Code | | | | de |
| | e named entity submits this statement tions of registered agent. | mell | ORVIN | COCKREA | at, or both, in the State of | | |
| the obliga SIGNATURE | tions of registered agent. Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005 | nt and title é applicable. (NK 9. Election C. Trust Fund | ORVIN DTE: Registered Agent sign ampaign Financing d Contribution. | COCKRE2 ature required when reina sture required when reina Added | at, or both, in the State of LL | of Florida. 1 am familiar with $\frac{2 - 14 - 0.5}{DATE}$ Make check payable. Florida Department of \$ | to |
| the obliga SIGNATURE 10. TILE VAME STREET ADDRESS | tions of registered agent. Signature, typed or printed name of registered agen Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D PCD VAN ASDALE, GAYLORD 241 LAKE BLVD | nt and title é applicable. (NK 9. Election C. Trust Fund | DR. V / N DTE: Registered Agent sign ampaign Financing d Contribution. | COCKREA ature required when reina ature required when reina Added ADDITIO | at, or both, in the State of LL | of Florida. 1 am familiar with $\frac{2 - 14 - 0.5}{DATE}$ Make check payable | to State |
| the obliga SIGNATURE 10. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME ^ STREET ADDRESS | tions of registered agent. Signature, typed or printed name of registered agen Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D PCD VAN ASDALE, GAYLORD 241 LAKE BLVD LAKE WALES, FL 33859 PCD BARNOFF, DONALD 137 N CENTRAL DR #56 | | ORVIN DTE: Registered Agent sign ampaign Financing d Contribution. 11. TITLS NAME STREET ADDRESS GTY-ST-ZIP TITLE NAME STREET ADDRESS | COCKREA ature required when reira ature required when reira Added ADDITIO D COATS 162 NO | Al, or both, in the State of Analysis May Be to Fees INS/CHANGES TO OFI INS/CHANGES TO OFI INS/CHANGES TO OFI | of Florida. 1 am familiar with $\frac{2 - 14 - 0.5}{DATE}$ Make check payable. Florida Department of S FICERS AND DIRECTORS I Change Change Change | to State |
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