

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90212 050 \*\*\*\*61.25

<b>DOCUMENT # N01000001519</b>					
<b>1. Entity Name</b> COLLEGE PARK HOME OWNERS ASSOCIATION OF L.W., INC.					
<b>Principal Place of Business</b> 150 NORTH DRIVE LAKE WALES, FL 33859			<b>Mailing Address</b> 150 NORTH DRIVE LAKE WALES, FL 33859		
<b>2. Principal Place of Business - No P.O. Box #</b> 162 NORTH CENTRAL DRIVE		<b>3. Mailing Address</b> 162 NORTH CENTRAL DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE WALES, FL		<b>City &amp; State</b> LAKE WALES, FL		<b>4. FEI Number</b> 59-3697510	
<b>Zip</b> 33859		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COCKRELL, ORVIN 165 SOUTH DRIVE LAKE WALES, FL 33859			<b>7. Name and Address of New Registered Agent</b> Name: CORA COATS Street Address (P.O. Box Number is Not Acceptable): 162 N. CENTRAL DR City: LAKE WALES, FL Zip Code: 33859		
<b>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.</b>  SIGNATURE: <u>Cora Coats</u> DATE: <u>2/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VD <b>NAME</b> HAMILTON, BETTY <b>STREET ADDRESS</b> 133 NORTH CENTRAL DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> WALKER, MARLIN <b>STREET ADDRESS</b> 130 NORA CENTRAL DR <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 130 NORTH CENTRAL DRIVE <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> VAN ASDALE, GAYLORD <b>STREET ADDRESS</b> 241 LAKE BLVD <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> BOJKOVSKY, PAUL <b>STREET ADDRESS</b> 134 SOUTH DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> PARTINGTON, GERALD L <b>STREET ADDRESS</b> 150 NORTH DRIVE #72 <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> CORA COATS <b>STREET ADDRESS</b> 162 NORTH CENTRAL DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WILSON, DAVID <b>STREET ADDRESS</b> 125 NORTH CENTRAL DR <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> STAHL, ROBERT V <b>STREET ADDRESS</b> 168 NORTH CENTRAL DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SMITH, OTIS <b>STREET ADDRESS</b> 114 NORTH DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33859	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Cora Coats</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					