


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90073 032 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                           |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N01125</b><br>1. Entity Name<br>PARK LAKE ASSOCIATION NUMBER ONE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                                          |                                                                   |
| Principal Place of Business<br>2013 SAN MARCOS DR SE<br>#20<br>WINTER HAVEN, FL 33880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | Mailing Address<br>2013 SAN MARCOS DR SE<br>#20<br>WINTER HAVEN, FL 33880                                                                                                 |                                                                   |
| 2. Principle Place of Business:<br>2045 San Marcos Drive<br>City & State:<br>Winter Haven, FL<br>Zip 33880 Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | 3. Mailing Address<br>2045 San Marcos Drive<br>City & State:<br>Winter Haven, FL<br>Zip 33880                                                                             |                                                                   |
| 4. FEI Number<br>59-2745532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     | Applied For<br><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<br>STRAUGHN, RICHARD E<br>255 MAGNOLIA AVE SW<br>WINTER HAVEN, FL 33880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | 7. Name and Address of New Registered Agent<br>Richard A Tenaglia<br>c.o. Creative Association Serv., Inc.<br>2045 San Marcos Drive<br>Winter Haven, FL 33880<br>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 <u>Richard A. Tenaglia</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                                                           |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                       |                                                                   |
| <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                              |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ROSE, JAMES<br>500 LK OTIS DR SE<br>WINTER HAVEN, FL 33880                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                            | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.S.D<br>LINNERTUD, DONALD<br>2013 SAN MARCO DR SE # 20<br>WINTER HAVEN, FL 33880   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.T.D<br>CRUM, CRISTY<br>2025 SAN MARCOS DR SE # 33<br>WINTER HAVEN, FL 33880       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>MERRIWEATHER, NADINE<br>2025 SAN MARCOS DR SE, # 32<br>WINTER HAVEN, FL 33880 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                            | <input type="checkbox"/> Change <input 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>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Date <u>4-6-06</u> Daytime Phone # <u>863-651-2125</u>                                                                                                                    |                                                                   |

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