2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

ARKE Wales FL Zip Country Zip Country Zip Country S. Conflicte of Status Desired ~\$8.75 Additions Fee Required Read Required 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name PELIKAN, JOHN 4450 LIGHT HOUSE AVE, PO BOX 1617 LAKE WALES, FL 33859 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent. SIGNATURE PELIKAN, JOHN AND PELIKAN, JOHN AND PELIKAN, JOHN AND PRESSIDENT TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. IIII. PRESSIDENT ADDRESS SINGE ADDRESS S	DOCUMENT # N0200009676 1. Entity Name LAKE WALES ESTATES ASSOCIATION, INC.					01-10-2005 90	014 025 ****6	1.25
Solito	4450 LIGHT I	HOUSE AVE,	PO BOX 4002) , ,			5000	0876
Suite April Apri		a .	3. Mailing Address					
April Apri			Suite, Apt. #; etc.		01042005	Chg-NP C	CR2E037 (10/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address Agent 7. Name and Address of Name Registered Agent 8. Name Name Agent 8. Name Name Agent 8. Name Name Name Agent 8. Name Name Name Name Name Agent 9. Election Campaign Financing 10. Name Name Name Name Name Name Name Name			City & State			38		oplied For ot Applicable
PELIKAN, JOHN 4450 LIGHT HOUSE AVE, PO BOX 1617 LAKE WALES, FL 33859 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 it the obligations of registered agent. SIGNATURE FL 32659 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 it the obligations of registered agent. SIGNATURE FILING Fee is \$81.25 Due by May 1, 2005 9. Election Campaign Financing Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TIME BROWN, DALE SIRET MORESS SOF GREYHOUND AVE CITY-ST-2P LAKE WALES, FL 33859 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TIME NAME SIRET MORESS SOF GREYHOUND AVE CITY-ST-2P LAKE WALES, FL 338590 TIME NAME PARR, MIRKIN SIRET MORESS TOWN-ST-2P ALAR WALES, FL 338590 TIME NAME AVE ALEN, SALLY SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TIME NAME SIRET MORESS TOWN-ST-2P ALEN WALES, FL 338590 TOWN-ST-2P ALEN WALES, FL 338590 TOWN-ST-2P ALEN WALES, FL 338590 TOWN-ST-2P ALEN WALES, FL 3385		15 1-5 - 5	Zip	Country	5. Certificate of	Status Desired	S8.75 Add Fee Require	litional d
PELIKAN, JOHN 4.450 LIGHT HOUSE AVE, PO BOX 1617 LAKE WALES, FL 33859 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 of the obligations of registered agent. SIGNATURE/ FILING Fee is \$41.25 Due by May 1, 2005 9. Election Campaign Financing Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PROWN, DALE SIRET ADDRESS S905 GREYHOUND AVE SIRET ADDRESS S905 GREYHOUND AVE SIRET ADDRESS S905 GREYHOUND AVE CITY-ST-2P LAKE WALES, FL 33859 TITLE V V RAKE WALES, FL 33859 TITLE D RAKE WALES, F		6. Name and Address of Current R	egistered Agent		7. Name and Ad	idress of New Regi	stered Agent	
8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent. SIGNATURE	4450 LIGH	IT HOUSE AVE, PO BOX 1617		Street A	ddress (P.O. Box Number is	s Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and a the obligations of registered agent. SIGNATURE ADVISOR ADVISOR SIGNATURE ADVISOR ADVI					E WALES		FL Zip Cod	* 59
FIling Fee is \$81.25 Due by May 1, 2005 Trust Fund Contribution. \$5.00 May Be Added to Fees Make check payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PROWN, DALE BROWN, DALE STREET ADDRESS 5905 GREYHOUND AVE Ca. NN&III, R. a.Nd.Y Ca.	the obligat	ions of registered agent. Muriai Afau Mar	NOW D. Parr					and accept
TITLE MAME BROWN, DALE STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33859 TITLE MAME PELIKAN, JOHN SIREET ADDRESS CITY-ST-2P LAKE WALES, FL 338594002 TITLE MAME PARR, MIRIAN STREET ADDRESS CITY-ST-2P TITLE MAME PARR, MIRIAN STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33859 TITLE MAME PARR, MIRIAN STREET ADDRESS CITY-ST-2P LAKE WALES, FL 33859 CITY-ST-2P TITLE MAME ALLEN, SALLY ALLEN,		Signature, typed or printed name of registered agent an	id title it applicable. (NOTE:					
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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: Marian Day 1	Marian D. Parr	1-6-05	863-537-9145
SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR	Dete	Daytime Phone #