

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-10-2005 90014 025 \*\*\*\*61.25

**DOCUMENT # N02000009676**

1. Entity Name  
**LAKE WALES ESTATES ASSOCIATION, INC.**



Principal Place of Business  
**4450 LIGHT HOUSE AVE,  
LAKE WALES, FL 33859**

Mailing Address  
**PO BOX 4002  
LAKE WALES, FL 33859**

**50000876**



2. Principal Place of Business  
**5120 HORSESHOE ST**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State  
**LAKE WALES, FL**  
Zip  
**33859**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**42-1562038**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PELIKAN, JOHN  
4450 LIGHT HOUSE AVE, PO BOX 1617  
LAKE WALES, FL 33859**

**7. Name and Address of New Registered Agent**

Name  
**PARR, MARIAN D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5120 HORSESHOE ST**  
City  
**LAKE WALES** **FL** Zip Code  
**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 accept the obligations of registered agent.

SIGNATURE *Marian D. Parr*  
Signature, typed or printed name of registered agent and title if applicable.

**1-6-05**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 **P** ☒ Delete  
NAME **BROWN, DALE**  
STREET ADDRESS **5905 GREYHOUND AVE**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **V** ☒ Delete  
NAME **PELIKAN, JOHN**  
STREET ADDRESS **4450 LIGHT HOUSE AVE., P.O. BOX 4002**  
CITY-ST-ZIP **LAKE WALES, FL 338594002**

TITLE **T** ☐ Delete  
NAME **PARR, MIRIAN**  
STREET ADDRESS **572 HORSE SHOE ST.**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **D** ☐ Delete  
NAME **ALLEN, SALLY**  
STREET ADDRESS **4795 SCHOONER AVE**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **D** ☐ Delete  
NAME **BROWN, SUE**  
STREET ADDRESS **5095 GREYHOUND AVE**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **D** ☐ Delete  
NAME **BETTLE, SAM**  
STREET ADDRESS **4350 CROWS BLUFF AVE.**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **CANNELL, Randy**  
STREET ADDRESS **5310 Sand Dollar**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **Director** ☐ Change ☒ Addition  
NAME **woods, Patricia**  
STREET ADDRESS **4250 Bandwell Ave**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **PARR, MARIAN D.**  
STREET ADDRESS **5120 HORSESHOE ST**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

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

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

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Bettles, Sam**  
STREET ADDRESS **4350 CROWS BLUFF AVE**  
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: *Marian D. Parr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-05**  
Date

**863-537-9145**  
Daytime Phone #