

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009676

FILED  
Jan 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5120 HORSESHOE ST  
LAKE WALES, FL 33859 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4002  
LAKE WALES, FL 33859 US

**New Mailing Address:**

**FEI Number:** 42-1562038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARR, MARIAN D MRS.  
5120 HORSESHOE ST  
LAKE WALES, FL 33859 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BETTLE, SAMUEL  
Address: 4350 CROWS BLUFF AVE.  
City-St-Zip: LAKE WALES, FL 33859 US

Title: VP  
Name: DEASE, BENNY  
Address: 4335 TIMMERMAN AVE.  
City-St-Zip: LAKE WALES, FL 33859 US

Title: TD  
Name: PARR, MARIAN D  
Address: 5120 HORSESHOE ST  
City-St-Zip: LAKE WALES, FL 33859 US

Title: D  
Name: ALLEN, SALLY  
Address: 4795 SCHOONER AVE  
City-St-Zip: LAKE WALES, FL 33859 US

Title: SD  
Name: SKILLINGS, SHARON  
Address: 5140 GREYHOUND AVE.  
City-St-Zip: LAKE WALES, FL 33859 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARIAN D PARR

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01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date