

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90038 005 ****61.25

DOCUMENT # N03000007733					
1. Entity Name PARK LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772			Mailing Address 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772		
2. Principal Place of Business 10948 56TH LANE Suite, Apt. #, etc.		3. Mailing Address 10948 56TH LANE Suite, Apt. #, etc.		60004041 	
City & State PINELLAS PARK, FL		City & State PINELLAS PARK, FL		4. FEI Number 20-0829153	
Zip 33782		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name: FRANK MARINO Street Address (P.O. Box Number is Not Acceptable): 10948 56TH LANE City: PINELLAS PARK FL Zip Code: 33782		
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: FRANK MARINO TREASURER 7/14/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME LEACH, GERALD J STREET ADDRESS P.O. BOX 4696 CITY - ST - ZIP SEMINOLE, FL 33775	<input checked="" type="checkbox"/> Delete		TITLE P NAME JARRAD SULLIVAN STREET ADDRESS 5579 109TH TERRACE CITY - ST - ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ENGELHARDT, PAUL D STREET ADDRESS 4500 140TH AVENUE NORTH CITY - ST - ZIP CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete		TITLE T NAME FRANK MARINO STREET ADDRESS 10948 56TH LANE CITY - ST - ZIP PINELLAS PARK, FL, 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME ENGELHARDT, DANIEL A STREET ADDRESS P.O. BOX 17309 CITY - ST - ZIP CLEARWATER, FL 34622	<input checked="" type="checkbox"/> Delete		TITLE S NAME LEE GREGORY STREET ADDRESS 10957 56TH LANE CITY - ST - ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: LEE J GREGORY 7/14/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					