


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007733 1. Entity Name PARK LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 10948 56TH LANE PINELLAS PARK, FL 33782	Mailing Address 10948 56TH LANE PINELLAS PARK, FL 33782
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0829153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARINO, FRANK 10948 56TH LANE PINELLAS PARK, FL 33782
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, JARRAD 5579 109TH TERRACE PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINO, FRANK 10948 56TH LANE PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY, LEE 10957 56TH LANE PINELLAS PARK, FL 33782
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01/12/06-80026-021 61.25

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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 817, 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: F. J. Marino F. J. MARINO 1-3-06 (727) 547-6867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #