

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90110 026 \*\*\*\*61.25

**DOCUMENT # N03000007733**

1. Entity Name  
**PARK LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**10948 56TH LANE  
PINELLAS PARK, FL 33782**

Mailing Address  
**10948 56TH LANE  
PINELLAS PARK, FL 33782**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**20-0829153**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**MARINO, FRANK  
10948 56TH LANE  
PINELLAS PARK, FL 33782**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **SULLIVAN, JARRAD**  
STREET ADDRESS **5579 109TH TERRACE**  
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **T** ☐ Delete  
NAME **MARINO, FRANK**  
STREET ADDRESS **10948 56TH LANE**  
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **S** ☐ Delete  
NAME **GREGORY, LEE**  
STREET ADDRESS **10957 56TH LANE**  
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-9-08 (727) 547-6867**