

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04296** (2)

1. Corporation Name

PARK LAKE ASSOCIATION NUMBER TWO, INC.

Principal Place of Business

700 OVERLOOK DR
WINTER HAVEN FL 33884

Mailing Address

700 OVERLOOK DR
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1984

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2736984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

CASSIDY, ALBERT B.
700 OVERLOOK DRIVE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

STD
SANDERS, HEATHER
2037 SAN MARCOS DR #105
WINTER HAVEN FL

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

~~VP~~
TURCO, BETTY
2037 SAN MARCOS DR, 439
WINTER HAVEN FL

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

~~VP~~
~~LANTRIP, JAMES~~
~~2037 SAN MARCOS DR, #111~~
~~WINTER HAVEN FL~~

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

~~VP~~
~~RAMIN, MARY~~
~~2037 SAN MARCOS DR 6101~~
~~WINTER HAVEN FL~~

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

~~VP~~
~~SANDERS, BRANDON~~
~~2037 SAN MARCOS DR 6106~~
~~WINTER HAVEN FL~~

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. (See instructions with an address.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #