2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2004 8:00 am Secretary of State

DOCUMENT # N04296						02-27-20	004 9003	5 012 ***	**61.25	
1. Entity 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			E MARTINGA MALAMBINI A	94021839				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01272004 Ch	ıg-NP	CR2E03	7 (10/03)		
City & State		City & State			4. FEI Number 59-273698	4			plied For t Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of Sta	atus Desired		8.75 Addi	itional	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered A	gent		
				Name	•					
CASSIDY, ALBERT B. 700 OVERLOOK DRIVE WINTER HAVEN, FL 33884				Street Addre	Address (P.O. Box Number is Not Acceptable)					
**************************************				City			FL	Zip Code	.	
	gamed entity submits this statement foi ions of registered agent.	r the purpose of changing its r	egistere	t ed office or reg	gistered agent, or both, in	the State of Fig	orida. Iam f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title it applicable (NOTE:				ند خور بیرو به به م	DATE	Les ins		
		and the nappicable. (140+c.	Hagistarec	a väeut siäustrie is	equired when rainstating)		DATE			
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12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 1 and 1 section 1 and 1 statutes. I further certify that the information stated in this report is true and accurate and that my signature shall have the same legal effect as if made under coath; 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.

(1)

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone #