


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

06 MAY 10 PM 3: 01  
STATE  
FLORIDA

**DOCUMENT # N04296**  
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**

Principle Place of Business:  
**2045 San Marcos Drive  
City & State:  
Winter Haven, FL  
Zip 33880 Country USA**

Mailing Address  
**2045 San Marcos Drive  
City & State:  
Winter Haven, FL  
Zip 33880**



**REINSTATEMENT** 05-06

<p>4. FEI Number <b>59-2736984</b></p> <p>Applied For <input type="checkbox"/> Not Applicable</p>	<p>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></p>
<p>6. Name and Address of Current Registered Agent</p> <p><b>CASSIDY, ALBERT B. 700 OVERLOOK DRIVE WINTER HAVEN, FL 33884</b></p>	
<p>7. Name and Address of New Registered Agent</p> <p><b>Richard A Tenaglia c.o. Creative Association Serv., Inc. 2045 San Marcos Drive Winter Haven, FL 33880</b></p>	

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 *Richard A. Tenaglia* 4/10/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.      Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEATON, DIXIE 2037 SAN MARCOS DR, #111 WINTER HAVEN, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Colson 2037 San Marcos Drive # 219 Winter Haven, FL. 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.D SCARANO, PETER 2037 SAN MARCOS DR # 331 WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Kennedy 2037 San Marcos Drive # 221 Winter Haven, FL. 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WORTHINGTON, CYNTHIA 2037 SAN MARCOS DR. #447 WINTER HAVEN, FL 33880 <input checked="" 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	D SMITH, WILLIAM 2037 SAN MARCO DR. #101 WINTER HAVEN, FL 33880 <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	D PRATT, WILEY 2037 SAN MARCOS DR. #215 WINTER HAVEN, FL 33880 <input checked="" 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 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: *Alan A. Scarano* 863-640-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #